

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90013 049 \*\*\*\*\*61.25

**DOCUMENT # N12689**

1. Entity Name

**THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.**

Principal Place of Business

**% PETER BOYD THOMPSON**  
**4651 LITTLE ROAD**  
**NEW PORT RICHEY FL 34655-8329**

Mailing Address

**% PETER BOYD THOMPSON**  
**4651 LITTLE ROAD**  
**NEW PORT RICHEY FL 34655-8329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2594925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, PETER BOYD**  
**4651 LITTLE ROAD**  
**NEW PORT RICHEY FL 34655**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**HOOCK, ROBERT** ☐ Delete  
**4710 JERRILYN COURT**  
**NEW PORT RICHEY FL 24**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**GUNTER, MATTHEW** ☒ Delete  
**8731 MARIGOLD DR**  
**NEW PORT RICHEY FL 34654-4851**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**JOHN WILHELM** ☒ Change ☐ Addition  
**15543 OLD DIXIE HWY**  
**HUDSON FL 34667**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TS**  
**HOOCK, JANE** ☐ Delete  
**4710 JERRILYN COURT**  
**NEW PORT RICHEY FL 34655**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPT**  
**KING, JOE** ☐ Delete  
**4520 MITCHNER ROAD**  
**NEW PORT RICHEY FL 34652**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**JOHN WILHELM** ☐ Delete  
**15543 OLD DIXIE HWY**  
**HUDSON FL 34667**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Peter Boyd Thompson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

727-372-7203

Date

Daytime Phone #

CR2E037 (9/01)

0089731