

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

3/2

03-20-2003 90147 032 ****61.25

DOCUMENT # N12689

1. Entity Name

THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.



Principal Place of Business

Mailing Address

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

% 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	HOOCK, ROBERT	
STREET ADDRESS	4710 JERRILYN COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 24	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILHELM, JOHN	
STREET ADDRESS	15340 OLD DIXIE HWY	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HOOCK, JANE	
STREET ADDRESS	4710 JERRILYN COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	KING, JOE	
STREET ADDRESS	4520 MITCHNER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD JOHNSON	
STREET ADDRESS	1322 KINGS WAY LN	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL GOODWIN-COUTURE	
STREET ADDRESS	4346 OTTER WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

3-17-03

727-372-7203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. HOOK TREASURER

CR2E037 (10/02)