

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90028 006 ****70.00

DOCUMENT # N16837

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, I

Principal Place of Business

Mailing Address

19 NORTH SIXTH STREET
 FERNANDINA BEACH FL 32034
 US

19 NORTH SIXTH STREET
 FERNANDINA BEACH FL 32034
 US

2. Principal Place of Business

3. Mailing Address

9 NORTH SIXTH ST

9 NORTH SIXTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1502178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WADE, WILLIAM
 875 OAK LANE
 FERNANDINA BEACH FL 32034

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

WILLIAM H. WADE, CLERK OF SESSION *William H. Wade* JAN '01

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: Delete
 NAME: TD
 STREET ADDRESS: TOMPKINS, MARY LOU
 CITY-ST-ZIP: 4475 PINEY ISLAND COURT FERNANDINA BCH FL 32034

TITLE: Change Addition
 NAME: TD
 STREET ADDRESS: OLIN LANCASTER
 CITY-ST-ZIP: 2 OAK POINT CIRCLE FERNANDINA BEACH FL

TITLE: Delete
 NAME: PD
 STREET ADDRESS: SELBY, THEODORE J
 CITY-ST-ZIP: 2810 OCEAN MIST DR FERNANDINA BEACH FL

TITLE: Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Delete
 NAME: SD
 STREET ADDRESS: WADE, WILLIAM
 CITY-ST-ZIP: 875 OAK LANE FERNANDINA BEACH FL

TITLE: Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Delete
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: Change Addition
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

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:

Theodore J. Selby THEODORE J. SELBY, President

1/17/01

904 321 5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)