

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 039 ****70.00

DOCUMENT # N16837

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, I NC.

Principal Place of Business

Mailing Address

**9 NORTH SIXTH STREET
 FERNANDINA BEACH FL 32034
 US**

**9 NORTH SIXTH STREET
 FERNANDINA BEACH FL 32034
 US**

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 **59-1502178**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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 LANCASTER, OLAN 2 OAK POINT CIRCLE FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	PD SELBY, THEODORE J 2810 OCEAN MIST DR FERNANDINA BEACH FL	<input type="checkbox"/> Delete
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	SD WADE, WILLIAM 875 OAK LANE FERNANDINA BEACH FL	<input type="checkbox"/> Delete
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE # NAME STREET ADDRESS CITY-ST-ZIP	LANCASTER, OLIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Olan Lancaster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-20-02**

Daytime Phone # **261-8837**

CR2E037 (9/01)