2001 UNIFORM BUSINESS REPORT (JEA)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # N17526 1. Entity Name FIRST UNITED PRESBYTERIAN CHURCH OF TEQUESTA FOU 04-20-2001 90182 014 ****61.25 Principal Place of Business Mailing Address 482 TEQUESTA DRIVE **482 TEQUESTA DRIVE** TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-7075051 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAFFER, C. PATRICK 482 TEQUESTA DR. **TEQUESTA FL 33469** City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD Delete TITLE ☐ Change ☐ Addition NAME HOLTON, JOHN NAME STREET ADDRESS STREET ADDRESS 50 BEACH RD CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 PO **C**hange ☐ Addition ☐ Delete TITLE TITLE TD NAME ZERN, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 102 N RIVER DR EAST CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete Change Addition D TITLE NAME SHAFFER, C. PATRICK NAME STREET ADDRESS STREET ADDRESS 482 TEQUESTA DR. CITY-ST-7iP CITY-ST-ZIP TEQUESTA FL Delete TITLE ☐ Change ☐ Addition TITLE VD NAME HERSEY, DONALD NAME STREET ADDRESS STREET ADDRESS 128 PEQASUS DRIVE CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl Addition TITLE ☐ Delete TITLE ONEY CARTER 35 RIVER DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change X Addition TITLE ☐ Delete TITI F NAME S WOOD RIVERSINE NAME DRIVE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR