

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90161 040 ****61.25

0041243

DOCUMENT # N18963

1. Entity Name

**PALMA CEIA PRESBYTERIAN CHURCH OF TAMPA, FLORIDA
INC.**

Principal Place of Business

Mailing Address

**3501 SAN JOSE STREET
TAMPA FL 33629
US****3501 SAN JOSE STREET
TAMPA FL 33629
US****B0049210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0767700

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

**DEBEVOISE, JOHN T.
3501 SAN JOSE STREET
TAMPA FL 33629**

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 \$61.259. 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 **PT** ☐ Delete
NAME **MCLEAN, WILLIAM C.**
STREET ADDRESS **3417 ALMERIA**
CITY-ST-ZIP **TAMPA FL**TITLE **Trustee** ☐ Change ☐ Addition
NAME **Hart, Donald**
STREET ADDRESS **4308 Beachway Dr.**
CITY-ST-ZIP **Tampa, FL 33609**TITLE **VT** ☐ Delete
NAME **MCLAUCHLIN, JAMES C.**
STREET ADDRESS **1502 SHERIDAN FOREST DR**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **ST** ☐ Delete
NAME **MILLER, RODGER**
STREET ADDRESS **1506 SHERIDAN FOREST DR**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
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:

March 11, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)