

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90098 007 ****61.25

DOCUMENT # N35382

1. Entity Name

**GLEDALE PRESBYTERIAN CHURCH CEMETERY ASSOCIATIO
N, INC.**



Principal Place of Business

**9218 STATE HWY 83
DEFUNIAK SPRINGS FL 32433
US**

Mailing Address

**9218 STATE HWY 83
DEFUNIAK SPRINGS FL 32433
US**

60007544

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RACHELS, HAZEL T
8436 ST HWY 83 N
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

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 Hazel T. Rachels

1-10-03

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 **ST**
NAME **RACHELS, HAZEL** ☐ Delete
STREET ADDRESS **8436 ST HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC**
NAME **WAYNE, BELL** ☐ Delete
STREET ADDRESS **1078 CO HWY 192**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC**
NAME **RAY, W.A.** ☐ Delete
STREET ADDRESS **301 RAY RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **DAVID, HENRY** ☒ Delete
STREET ADDRESS **2453 BROWN RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D**
NAME **David Herring** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **Stosh Arnold** ☐ Delete
STREET ADDRESS **769 Bartlette Road**
CITY-ST-ZIP **Defuniak Springs FL 32433**

TITLE **D**
NAME **Stosh Arnold** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Rachels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

850-859-2209

CR2E037 (10/02)