

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37145

1. Entity Name

MIDDLEBURG PRESBYTERIAN CHURCH, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90176 018 ****61.25

Principal Place of Business

4564 ROSEMARY
POST OFFICE BOX 772
MIDDLEBURG FL 32020
US

Mailing Address

4564 ROSEMARY
POST OFFICE BOX 772
MIDDLEBURG FL 32060-0772
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 **59-2786754**

Applied For
Not Applicable

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

BROWN, DON
4564 ROSEMARY
MIDDLEBURG FL 32068

Name **William H. Jenkins**

Street Address (P.O. Box Number is Not Acceptable)
4564 Rosemary St.

City **Middleburg** **FL** Zip Code **32068**

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 Jenkins William H Jenkins 3-27-00
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 **D** ☐ Delete
NAME **NULL, MARSHA**
STREET ADDRESS **4564 ROSEMARY**
CITY-ST-ZIP **MIDDLEBURG FL**

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

TITLE **D** ☐ Delete
NAME **CHRISTIAN, EARL**
STREET ADDRESS **4564 ROSEMARY ST**
CITY-ST-ZIP **MIDDLEBURG FL**

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

TITLE **D** ☒ Delete
NAME **BREWER, CAROL**
STREET ADDRESS **4564 ROSEMARY**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **D** ☒ Change ☒ Addition
NAME **Bob Gardner**
STREET ADDRESS **4564 Rosemary St**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **D** ☒ Delete
NAME **JENKINS, WILLIAM**
STREET ADDRESS **4564 ROSEMARY**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **D** ☒ Change ☒ Addition
NAME **Ralph Stiles**
STREET ADDRESS **4564 Rosemary St**
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **D** ☒ Delete
NAME **RINGLER, LEN**
STREET ADDRESS **4564 ROSEMARY**
CITY-ST-ZIP **MIDDLEBURG FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Shirley Mergan**
STREET ADDRESS **4564 Rosemary St.**
CITY-ST-ZIP **Middleburg, FL 32069**

TITLE **D** ☐ Delete
NAME **TOUW, TOM SR**
STREET ADDRESS **4564 ROSEMARY ST**
CITY-ST-ZIP **MIDDLEBURG FL**

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: Shirley A Mergan SHIRLEY A MERGAN 3/30/00 904-2820130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)