


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

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90009 013 ****61.25

DOCUMENT # <i>N37145</i>	
1. Entity Name <i>Middleburg Presbyterian Church</i>	

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20061988

2. Principal Place of Business <i>4564 Rosemary St.</i>	3. Mailing Address <i>P.O. Box 772</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Middleburg, FL</i>	City & State <i>Middleburg FL</i>	4. FEI Number <i>59-2786754</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32068</i>	Country <i>USA</i>	Zip <i>32050</i>	Country <i>USA</i>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Dottie Bearden</i>
Street Address (P.O. Box Number is Not Acceptable) <i>4564 Rosemary St.</i>
City <i>Middleburg</i>
State <i>FL</i>
Zip Code <i>32068</i>

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 <i>Dottie Bearden</i> <i>DOTTIE BEARDEN</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Goodwin, Nancy 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Earl Christian 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Leo Dulls 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Rosa Wright 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Martha Toww 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Elder Dottie Bearden 4564 Rosemary St. Middleburg FL 32068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dottie Bearden*