

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90174 050 ****61.25

UCR09/02

DOCUMENT # N41150

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF STUART, FLORIDA, INC.

Principal Place of Business

Mailing Address

1715 N.W. PINE LAKE DR.
 STUART FL 34994

1715 N.W. PINE LAKE DR.
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite; Apt. #, etc.

Suite; Apt. #, etc.

City & State

City & State

4. FEI Number

59-6208762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOERSELMAN, LES DR.
70 N RIVER ROAD
STUART FL 34996

Name

WM. A. OUGHTERSON

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

70 N. RIVER ROAD

City **STUART**

FL

Zip Code **34996**

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

WM. A. Oughterson

WM. A. OUGHTERSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-02

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	<input type="checkbox"/> Delete
NAME	ROGERS, RHONDA	
STREET ADDRESS	2943 NE IVY LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, JAMES	
STREET ADDRESS	1785 NW FORD ROAD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOANE, SUSAN	
STREET ADDRESS	1115 RIVERSIDE DRIVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	3 MONTEREY WAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYLSWORTH, JOSEPH	
STREET ADDRESS	8750 S OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donal Rossire* **DONAL ROSSIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/02 (561) 692-0500

Date

Daytime Phone #

CR2E037 (9/01)