

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90029 012 ****61.25

DOCUMENT # N43940

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF CRESTVIEW, INC.

Principal Place of Business

Mailing Address

U.S. HIGHWAY 90 & STATE ROAD 85
 CRESTVIEW FL 32536

PO BOX 596
 CRESTVIEW FL 32536-0596
 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

59-1711838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address:

POWELL, GILLIS E., JR Sr.
422 N. MAIN STREET
P.O. BOX 277
CRESTVIEW FL 32536

*Please Change
 JR. to SR.*
 ←

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

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 \$61.25

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

TITLE	<input checked="" type="checkbox"/> Elder <input type="checkbox"/> Delete
NAME	WILLIAMS, JOAN
STREET ADDRESS	3430 MELISSA LN
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	<input checked="" type="checkbox"/> Elder <input type="checkbox"/> Delete
NAME	POWELL, SR G
STREET ADDRESS	422 N MAIN ST P O BOX 277
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> ED <input type="checkbox"/> Delete
NAME	CAMPBELL, BEACH
STREET ADDRESS	6167 OLD BETHEL ROAD
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> ED <input type="checkbox"/> Delete
NAME	CRAWFORD, TIM
STREET ADDRESS	441 NORTHVIEW LANE
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	<input type="checkbox"/> ED <input checked="" type="checkbox"/> Delete
NAME	COURTNEY, ELAIN
STREET ADDRESS	5263 FOUR LAKE DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	<input type="checkbox"/> ED <input checked="" type="checkbox"/> Delete
NAME	KUBLIK, JOANNA
STREET ADDRESS	112 NICOLE LANE
CITY-ST-ZIP	CRESTVIEW FL 32539

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elder
STREET ADDRESS	Ronald Ballard
CITY-ST-ZIP	1913 Bayshore Dr. Niceville, FL 32578
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elder
STREET ADDRESS	Terrel Hanna
CITY-ST-ZIP	903 Oakwood Way Niceville, FL 32578

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: *Beach Campbell* **Beach Campbell**

850-682-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)