

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90230 049 ****61.25

DOCUMENT # N50017

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS, INC

Principal Place of Business

Mailing Address

9751 BONITA BEACH ROAD
 BONITA SPRINGS FL 34135
 US

POST OFFICE BOX 2168
 BONITA SPRINGS FL 34133-2168
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1622501

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

KIRBAS, PAUL J
10590 LANDAU LANE
BONITA SPRINGS FL 34135

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **EATON, JUDITH N**
 STREET ADDRESS **26235 HICKORY BLVD. 2D**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **SD** Change Addition
 NAME **OEHLER, JUDITH D.**
 STREET ADDRESS **752 WIGGINS LAKE DRIVE #102**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** Delete
 NAME **FRABUTT, PETER J**
 STREET ADDRESS **13940 SOUTHAMPTON DRIVE 4001**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **DOYLE, RICHARD J**
 STREET ADDRESS **4296 SANCTUARY WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SHUART, STANLEY**
 STREET ADDRESS **13030 BRIDGEFEIN AVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HAGY, ROBERT T**
 STREET ADDRESS **24720 LYONIA LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **ELDER, JAMES**
 STREET ADDRESS **25740 HICKORY BLVD. #G-420**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME **ELDER, JAMES**
 STREET ADDRESS **25740 HICKORY BLVD. #G-420**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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: _____

Judith N Eaton
JUDITH N EATON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00
 Date

(941) 992-3233
 Daytime Phone #

CR2E037 (9/99)