

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90112 022 ****61.25

DOCUMENT # N50017

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS, INC
 ORPORATED, PC (USA)**

Principal Place of Business

**9751 BONITA BEACH ROAD
 BONITA SPRINGS, FL 34135
 US**

Mailing Address

**POST OFFICE BOX 2168
 BONITA SPRINGS FL 34133
 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**

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 **OEHLER, JUDITH D**
 STREET ADDRESS **752 WIGGINS LK DR #102**
 CITY-ST-ZIP **NAPLES FL 34110**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **THOMAS SCHRECK**
 STREET ADDRESS **9050 LAS MADERAS LANE 202**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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 **KOPF, DONALD**
 STREET ADDRESS **2094 IMPERIAL CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VD** ☐ Change ☒ Addition
 NAME **ROBERT L. ANDREASEN**
 STREET ADDRESS **4441 BLUE SAGE COURT**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **PD** ☐ Delete
 NAME **BALS, CARL**
 STREET ADDRESS **28427 SOMBRERO DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **C** ☐ Delete
 NAME **BALS, CARL**
 STREET ADDRESS **28427 SOMBRERO DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)