

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50667

1. Entity Name

THE AMERICAN PRESBYTERIAN CHURCH, INC.

Principal Place of Business

7 N.W. 24TH COURT
DELRAY BEACH FL 33444

Mailing Address

7 N.W. 24TH COURT
DELRAY BEACH FL 33444-4317

2. Principal Place of Business

6348 Hypoluxo Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE KORTH

City & State

Zip

Country

Rose Beach

Zip

Country

4. FEI Number

65-0358446

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARNER, JOSEPH A.
7 N.W. 24TH COURT
DELRAY BEACH FL 33444

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WARNER, JOSEPH 7 N.W. 24TH COURT DELRAY BCH FL 33444	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD, BIEBER 6207 BEAR CREEK CT LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELISABETH, WARNER 7 NW 24TH CT DELRAY BCH FL 33444	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSZ, JOEL M 148 EGRET DR JUPITER FL 33458	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINGS, MATTHEW 2317 MAIN ST NEWBERRY SC 29108	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, WEBB 418 MAPLEWOOD DR. GREENBRIER TN 37073	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Joseph A. Warner, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2000

Date

561-278-1045

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90082 010 ****70.00