

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90081 031 ****61.25

DOCUMENT # N50890

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PORT ST. JOE, FLORI
DA, INC.

Principal Place of Business

Mailing Address

508 16TH STREET
PORT ST. JOE FL 32456

508 16TH STREET
PORT ST. JOE FL 32456

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

59-6558320

Applied For

Not Applicable

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

GIBSON, THOMAS S.
303 FOURTH STREET
PORT ST. JOE FL 32456

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 \$81.25

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 DVP
NAME GIBSON, THOMAS S.
STREET ADDRESS 303 4TH STREET
CITY-ST-ZIP PORT ST. JOE FL ☐ Delete

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

TITLE D
NAME STUART, ELIZABETH
STREET ADDRESS 2008 JUNIPER AVE.
CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ Delete

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

TITLE DP
NAME LAND, LILLIE
STREET ADDRESS 907 GARRISON AVENUE
CITY-ST-ZIP PORT ST. JOE FL ☐ Delete

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

TITLE D
NAME AMBROSE, BETTY
STREET ADDRESS 508 16TH STREET
CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Signature of Thomas S. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2

750 229 824

Date

Daytime Phone #

CR2E037 (9/01)