

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90016 035 ****61.25

DOCUMENT # N93000001403

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF DELAND, FLORIDA, IN C.

Principal Place of Business

Mailing Address

**724 N. WOODLAND BLVD.
 DELAND FL 32720**

**724 N. WOODLAND BLVD.
 DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0838091

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

**HEDGEPEETH, BRUCE E
 724 N WOODLAND BOULEVARD
 DELAND FL 32720**

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	D	XX Delete
NAME	MONTGOMERY, HENRY	
STREET ADDRESS	1157 GLENWOOD TRAILS	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTT, PARTICIA	
STREET ADDRESS	1327 SPRING GARDEN RANCH RD., PO BOX 586	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, PAUL C	
STREET ADDRESS	527 W WISCONSIN AVE	
CITY-ST-ZIP	DE LEON SPRINGS FL 32130	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANDRIDGE, ROBERT	
STREET ADDRESS	5A S CAMELLIA COURT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOGLE, RICHARD	
STREET ADDRESS	416 W PENNSYLVANIA AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	XX Delete
NAME	THRELKELD, VIRGINIA	
STREET ADDRESS	PO BOX 1301 521 N FLORIDA AVE	
CITY-ST-ZIP	DELAND FL 32720	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dickinson	
STREET ADDRESS	820 E Wisconsin Avenue	
CITY-ST-ZIP	Deland, FL 32724	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Eshleman	
STREET ADDRESS	1411 Wyngate Drive	
CITY-ST-ZIP	Deland, FL 32724	

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: Bruce E. Hedgepeeth **REQUIRED** 1/22/02 386-734-6312
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)