

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90699 015 ****61.25

DOCUMENT # N93000001403

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF DELAND, FLORIDA, IN C.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0838091**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

XDelete

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

7. Name and Address of New Registered Agent

Name **Patricia Eshleman**

Street Address (P.O. Box Number is Not Acceptable)

1411 Wyngate Drive

City **DeLand**

FL Zip Code **32724**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia A. Eshleman

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKINSON, JOHN	
STREET ADDRESS	820 E WISCONSIN AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	JONES, PAUL C	
STREET ADDRESS	527 W WISCONSIN AVE	
CITY-ST-ZIP	DE LEON SPRINGS FL 32130	
TITLE	D	<input checked="" 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	<input checked="" type="checkbox"/> Delete
NAME	ESHLEMAN, PATRICIA	
STREET ADDRESS	1411 WYNGATE DRIVE	
CITY-ST-ZIP	DELAND FL 32724	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Clements	
STREET ADDRESS	725 N. Adelle Avenue	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Ambachtsheer	
STREET ADDRESS	1701 E. Minnesota Ave.	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Napier	
STREET ADDRESS	829 Lincoln Road	
CITY-ST-ZIP	DeLand, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Reed	
STREET ADDRESS	715 Albert Lane	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Slappey	
STREET ADDRESS	504 N. Boston Avenue	
CITY-ST-ZIP	DeLand, FL 32720	

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:

Patricia A. Eshleman

386-
1-09-02 740-0067

CR2E037 (10/02)