

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90019 040 ****61.25

DOCUMENT # N94000001130

1. Entity Name

PALM GROVE REFORMED CHURCH OF HOLIDAY, INC.

Principal Place of Business Mailing Address

C/O ROBERT WIERENGA
 3102 U.S. 19 NORTH
 HOLIDAY FL 34691
 US

C/O ROBERT WIERENGA
 3102 U.S. 19 NORTH
 HOLIDAY FL 34691
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3102 US Highway 19

3102 US Highway 19

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34691

Country

US

Zip

34691

Country

US

4. FEI Number

59-3275481

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

WIERENGA, ROBERT DR.
3102 U.S. HWY 19
HOLIDAY FL 34691

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 **DT** ☒ Delete
 NAME **KUIPER, RODNEY**
 STREET ADDRESS **5610 BAROQUE DR**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **DT** ☐ Change ☒ Addition
 NAME **Melvin Jonkman**
 STREET ADDRESS **13608 Leslie Drive**
 CITY-ST-ZIP **Hudson, FL 34667**

TITLE **D** ☒ Delete
 NAME **JONKMAN, MELVIN**
 STREET ADDRESS **13608 LESLIE DR**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Change ☒ Addition
 NAME **Robert Harper**
 STREET ADDRESS **9914 Trevino Drive**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **RP** ☐ Delete
 NAME **WIERENGA, ROBERT DR**
 STREET ADDRESS **3102 US HWY 19**
 CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **C** ☒ Delete
 NAME **SCHEEL, EARL**
 STREET ADDRESS **3526 ODOM DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **C** ☐ Change ☒ Addition
 NAME **Mark Daane**
 STREET ADDRESS **225 N. Disston Ave.**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **C** ☐ Delete
 NAME **BACKER, TERRY**
 STREET ADDRESS **6218 HALAFAX DR**
 CITY-ST-ZIP **HOLIDAY FL 34653**

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

TITLE **D** ☒ Delete
 NAME **KUIPER, ROD**
 STREET ADDRESS **5610 BAROQUE DR.**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Change ☒ Addition
 NAME **Marjorie Hoffman**
 STREET ADDRESS **39820 US Highway 19 N. #150**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

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: *Melvin Jonkman* **Melvin Jonkman 02/22/02 727-938-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)