

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001153

1. Entity Name

SHALIMAR PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

2 MEIGS DRIVE
SHALIMAR FL 32579

P.O. BOX 374
SHALIMAR FL 32579-0374
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLARK, JAMES
353 GARDNER DRIVE
FORT WALTON BEACH FL 32548

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	PD	<input type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	353 GARDNER DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREGORY, LINDA	
STREET ADDRESS	62 MEIGS DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCE, JOHN	
STREET ADDRESS	9 ELKWOOD COURT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JAMES		
STREET ADDRESS	1910 WEST MISTRAL LANE		
CITY-ST-ZIP	FT WALTON BEACH, FL 32547		
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			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 Jan 00 850-651-0821

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90183 029 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2489277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

CF2E037 (9/99)