

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001153

1. Entity Name

SHALIMAR PRESBYTERIAN CHURCH, INC.

Principal Place of Business

2 MEIGS DRIVE
SHALIMAR FL 32579

Mailing Address

P.O. BOX 374
SHALIMAR FL 32579
US

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

59-2489277

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

CLARK, JAMES
~~355 GARDNER DRIVE~~
FORT WALTON BEACH FL 32548

CLARK, JAMES
1910 WEST MISTRAL LANE
FT WALTON BEACH, FL 32547

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 PD ☐ Delete
NAME CLARK, JAMES
STREET ADDRESS 1910 W MISTRAL LANE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE TD ☐ Delete
NAME GREGORY, LINDA
STREET ADDRESS 102 BOYCE DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE TD ☒ Change ☐ Addition
NAME Shealy, Linda
STREET ADDRESS 32 7th Ave #118
CITY-ST-ZIP Shalimar, FL 32579

TITLE D ☐ Delete
NAME LANCE, JOHN
STREET ADDRESS 9 ELKWOOD COURT
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED JOHN LANCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90060 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

23 Jan 02 850
651-2890