**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2001 8:00 am Secretary of State DOCUMENT # N94000002885 1. Entity Name PLEASANT HILL PRESBYTERIAN CHURCH, INC. 02-01-2001 90104 049 \*\*\*\*61 25 Mailing Address Principal Place of Business 3250 PLEASANT HILL RD 3250 PLEASANT HILL RD KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3079253 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, PATRICK V 3250 PLEASANT HILL RD DANIELS St. KISSIMMEE FL 34746 City <u>ssmmlzzi</u> 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 red Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITI F ☐ Delete TITLE Carothers, Russell CAROTHERS, RUSSELL NAME NAME 3028 Drema Drive STREET ADDRESS STREET ADDRESS 5100 GREENWAY RD 84. Cloud Pt 34769 CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AUTREY, DAN L. NAME NAME STREET ADDRESS STREET ADDRESS 17 WESTCHESTER ST CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 Change Addition TITLE TITLE Delete WILLIAMS, PATRICK V NAME NAME STREET ADDRESS 619 DEAUVILLE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Change ☐ Addition ☐ Delete TITLE WELSH, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 1849 DANIELS ST CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.