

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002885

1. Entity Name

PLEASANT HILL PRESBYTERIAN CHURCH, INC.

Principal Place of Business

3250 PLEASANT HILL RD
KISSIMMEE FL 34746

Mailing Address

3250 PLEASANT HILL RD
KISSIMMEE FL 34746
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 59-3079253

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

Name

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

City

FL

Zip Code

WELSH, JOSEPH N
1849 DANIELS STREET
KISSIMMEE FL 34746

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 \$81.25

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 D
NAME CAROTHERS, RUSSELL
STREET ADDRESS 3028 DREMA DR
CITY-ST-ZIP SAINT CLOUD FL 34769 ☐ Delete

TITLE D
NAME AUTREY, DAN L
STREET ADDRESS 17 WESTCHESTER ST
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ Delete

TITLE D
NAME WELSH, JOSEPH
STREET ADDRESS 1849 DANIELS ST
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D
NAME DICK GILLETTE
STREET ADDRESS 163 DURHAM CIR.
CITY-ST-ZIP KISSIMMEE, FL 34746 ☐ Change ☒ Addition

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

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

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

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

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:

Joseph N. Welsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-26-2002 90165 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)