

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006113

1. Entity Name

PACE PRESBYTERIAN CHURCH, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90096 040 ****68.00

Principal Place of Business

4587 WOODBINE RD.
PACE FL 32571

Mailing Address

4587 WOODBINE RD.
PACE FL 32571

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

59-3289074

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

RHODES, STEVEN
4587 WOODBINE RD.
PACE FL 32571

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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D REESE, WALT 7272 LAKESIDE DR. MILTON FL 32583	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZIER, CINDY 5451 CREEK VIEW LANE PACE FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARREN, CONNIE 5538 WHISPERING WOOD DR PACE FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLARNEY, BASIL 3056 KILLARNEY PACE FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETTLER, GRACE 3032 KILLARNEY DR. PACE FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALCOMSON, ROBERT 5017 CRESTWOOD RD. PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED AUSTIN 3977 DEERWOOD CIRCLE PACE, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNIE CARRUTH 3491 NICHOLSON ESTATE ROAD PACE, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN CLANCY 4107 LANCASTER GATE DRIVE PACE, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER FRANCE 104 OAK STREET MILTON, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY REESE 7772 LAKESIDE DRIVE MILTON, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD SHORES 5474 CHAMPION PACE, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

E. SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/00 (850) 995-4553

CR2E037 (5/00)

Attachment
#N94000006113
D0077460

TITLE D
NAME DERI TERRY
STREET ADDRESS 5241 ROWE TRAIL
CITY-ST-ZIP PACE, FL 32571

CHANGE

ADDITION ✓

TITLE D
NAME BOB VANNERSON
STREET ADDRESS 6130 ENFINGER ROAD
CITY-ST-ZIP PACE, FL 32571

CHANGE

ADDITION ✓

TITLE D
NAME JON WALKER
STREET ADDRESS 1245 TECUMSEH CT.
CITY-ST-ZIP PENSACOLA, FL 32514

CHANGE

ADDITION ✓