2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N95000003329**

GARDENS PRESBYTERIAN CHURCH, PALM BEACH GARDENS, INC.

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Jul 07, 2003 8:00 am **Secretary of State** 07-07-2003 90138 034 ****61.25

Principal Place of Business Mailing Address 4677 HOOD ROAD 4677 HOOD ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0605191 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ه عالمستوبد ت BUSH, JR., ALBERT W DR. Street Address (P.O. Box Number is Not Acceptable) 4677 HOOD ROAD PALM BEACH FL 33418 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FILE NOW: FEE IS.\$61.25** П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DS TITI F ☐ Delete Addition TITLE ☐ Change FETZER, JOHN A NAME NAME 9229 SE WOODS END PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TEQUESTA FL 33469 TITLE Delete TITLE ☐ Change Addition OWENS, JEAN A NAME NAME 9133 REED DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP Delete TH Addition Change TITLE TITLE Battles, JeanNe 2314 23rd LANE MINNICH, MARY K NAME NAME 11143 RANDOLPH SIDIMG RD STREET ADDRESS STREET ADDRESS PALM BCh GPANS FL CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Delete TITLE TITLE LAdd, John Blace Chase, Marjorie L NAME NAME 3939 BLUEBELL ST STREET ADDRESS STREET ADDRESS N. PAIN BCh , FL 33408 PALM BCH GRDNS FL CITY-ST-7IP CITY-ST-ZIP Brohawn, Patricia Chang 11215 Monet woods Road Delete TITLE TITLE GREGOIRE, ROBERT G NAME NAME STREET ADDRESS 4028 68TH LANE STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete 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 atlandment with an address, with all other like empowered.

SIGNATURE: