

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

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90503 012 ****70.00

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1. Entity Name

Faith Presbyterian Church of
→ Okeechobee, Inc. ← **TYPO**

2. Principal Place of Business

1600 Hwy 70 East
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2632
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okeechobee, Fl. 34974

City & State

Okeechobee, Fl. 34973

4. FEI Number

65-0850535

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Dr. Archer Tullidge

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

1440 S.E. 23rd Street

City

Okeechobee

FL

Zip Code

34974

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

D/V Dr. Archer Tullidge

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/02

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P Mr. Jerry Kirchman 1520 N.E. 40th Ave. Okeechobee, Fl. 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Mr. Archer Tullidge 1440 S.E. 23rd Street Okeechobee, Fl. 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Mr. Jeff Richards 35900 N.E. 7th Drive Okeechobee, Fl. 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Mr. Leonardo Rodriguez P.O. Box 2546 Okeechobee, Fl. 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mr. Jerry Kirchman D/P

06/17/02 863-763-7721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)