

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90966 016 \*\*\*\*61.25

0087396

**DOCUMENT # P34622**

1. Entity Name

**PRESBYTERIAN CHURCH IN AMERICA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1852 CENTURY PLACE, SUITE 180  
 ATLANTA GA 30345

1852 CENTURY PLACE, SUITE 180  
 ATLANTA GA 30345

*\* We will not be at the new address  
 until sometime around August, 2001.*

2. Principal Place of Business

3. Mailing Address

**1700 North Brown Road**

Suite, Apt. #, etc.

Suite 103

City & State  
**Lawrenceville, GA**

City & State

Zip  
**30043**

Zip Country

4. FEI Number

**58-1412526**

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

**OWENS, JEAN**  
**13003 WATERFORD RUN DR.**  
**RIVERVIEW FL 33569**

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**

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  
**P**  
**STAIR, RANDEL N** ☐ Delete  
**1852 CENTURY PLACE, STE 180**  
**ATLANTA GA 30345**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P** ☒ Change ☐ Addition  
**Stair, Randel N.**  
**3806 Avera Lane**  
**Atlanta, GA 30329**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD** ☒ Delete  
**RIORDAN, STANLEY J**  
**PO BOX 5659**  
**ASHEVILLE NC 28805**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V** ☐ Change ☒ Addition  
**Baxter, Charles E.**  
**2556 Oakwood Trace**  
**Smyrna, GA 30080**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☒ Delete  
**BISHOP, HENRY G JR**  
**3040 SUMNTER AVE**  
**MONTGOMERY AL 36109**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☐ Change ☒ Addition  
**Schrivers, Walter Jerome**  
**580 Cordydon Lane**  
**Alpharetta, GA 30022**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☐ Delete  
**HASKEW, W D**  
**4854 SHADY WATERS LANE**  
**BIRMINGHAM AL 35243**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD** ☐ Change ☒ Addition  
**Frazer, Willis L.**  
**1023 Oakridge Road**  
**Clarksdale, MS 38614**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☐ Delete  
**HARRIS, MARK W**  
**3464 BOSTON TOWNSHIP LINE RD**  
**RICHMOND IN 47374**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD** ☐ Change ☒ Addition  
**Clelland, David H.**  
**2706 Foxboro Drive**  
**Richardson, TX 75082**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☐ Delete  
**ALBRITTON, JOHN N**  
**3112 JAMESTOWN RD**  
**RICHMOND IN 47374**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD** ☒ Change ☐ Addition  
**Albritton, John N.**  
**3112 Jamestown Road**  
**Montgomery, AL 36111**

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

## ATTACHMENT

Attachment  
#P341622

545985

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ham, Neal C. 4690 Oxford Circle Macon, GA 31210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jardine, John W. 1963 Mitten Street Dover, DE 19901-6224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blackburn, Donald 1148 Lucky Debonair Drive Macon, GA 31210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition