

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/3

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90189 015 \*\*\*\*70.00

**DOCUMENT # N01463**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF OAKLAND, FLORIDA**

Principal Place of Business

Mailing Address

800 S. DILLARD ST.  
 P. O. BOX 514  
 WINTER GARDEN FL 34787-3910

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 P. O. BOX 514  
 WINTER GARDEN FL 34787-3910

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 **59-0806974**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEREK J. BLAKESLEE**  
**800 S. DILLARD ST.**  
**P O BOX 770514**  
**WINTER GARDEN FL 34777**

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  Delete  
**D BROWN, NORWOOD**  
 STREET ADDRESS **17545 DEER ISLAND CIRCLE**  
 CITY-ST-ZIP **WILLANEE FL**

TITLE NAME  Change  Addition  
**DON WINGATE D**  
 STREET ADDRESS **110 MERICAN CT.**  
 CITY-ST-ZIP **KILLANEE, FL**

TITLE NAME  Delete  
**D STANFORD, DAVID J**  
 STREET ADDRESS **190 TEMPLE GROVE DR**  
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**T BLAKESLEE, DEREK**  
 STREET ADDRESS **800 S. DILLARD ST.**  
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  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: DEREK J. BLAKESLEE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01

Date

407-656-6611

Daytime Phone #

CR2E037 (10/00)