

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-20-2002 90063 019 ****61.25

DOCUMENT # N01463

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF OAKLAND, FLORIDA

Principal Place of Business 800 S. DILLARD ST. P. O. BOX 514 WINTER GARDEN FL 34787-3910	Mailing Address 800 S. DILLARD ST. P. O. BOX 514 WINTER GARDEN FL 34787-3910
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2. Principal Place of Business 218 E. OAKLAND AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OAKLAND, FL	City & State
Zip 34760	Country ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0806974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEREK J. BLAKESLEE 800 S. DILLARD ST. P O BOX 770514 WINTER GARDEN FL 34777	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, NORWOOD 17545 DEER ISLAND CIRCLE WILLANEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D MARTIN DAVID 17517 DEER ISLAND CIRCLE KILLARNEY, FL 34740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANFORD, DAVID J 190 TEMPLE GROVE DR WINTER GARDEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAKESLEE, DEREK 800 S. DILLARD ST. WINTER GARDEN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0
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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* **DEREK J. BLAKESLEE** **2/4/02** **407-636-6611**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (9/01)