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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712105 (6)

1. Corporation Name

THE ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCO RPORATED, OF BARTOW, FLORIDA

Principal Place of Business	Mailing Address
205 EAST STANFORD P O BOX 1411 BARTOW FL 33830	205 EAST STANFORD P O BOX 1411 BARTOW FL 33830-4640

3. Date Incorporated or Qualified: 01/18/1967
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1464285 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BREED, JOHN N
6117 SWEET GUM RUN
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: Lassiter, Steve
82 Street Address (P.O. Box Number is Not Acceptable): 815 Wildwood Drive N
83:
84 City: Bartow FL 85 Zip Code: 33830

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Steve Lassiter, Chairman 2/5/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☒ DELETE	1.1 TITLE	VC	☐ Change ☒ Addition
NAME	LASSITER, STEVE		1.2 NAME	Cauthan, Ron	
STREET ADDRESS	815 WILDOOD DR. N		1.3 STREET ADDRESS	3415 Reynolds Road	
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST-ZIP	Bartow, Florida 33830	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWLE, JOHN		2.2 NAME		
STREET ADDRESS	1803 IMPERIAL BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	WELLIVER, DOUGLAS M		3.2 NAME	Smith, Justin	
STREET ADDRESS	691 S GASKINS RD.		3.3 STREET ADDRESS	405 Bartow Boulevard	
CITY-ST-ZIP	BARTOW FL 33830		3.4 CITY-ST-ZIP	Bartow, Florida 33830	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, JAMES A		4.2 NAME		
STREET ADDRESS	3370 WALLACE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, JOEL D		5.2 NAME		
STREET ADDRESS	1365 SWEARINGEN AV. S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, EARNEST		6.2 NAME		
STREET ADDRESS	3520 GARRARD RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MEADE FL 33830		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Howle, T Treasurer 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #