FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712105

1. Corporation Name

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

Principal Place of Business
205 EAST STANFORD
P O BOX 1411
BARTOW FL 33830

2. Principal Place of Business

Mailing Address

205 EAST STANFORD P O BOX 1411 BARTOW FL 33830

2a. Mailing Address

FILED Mar 02, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

01/18/1967

21		26			0 1/ 10/ 1001		,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	L	Applied For		
22		27			59-1464285		Not Applicable		
City & Stat	e	City & State			5. Certificate of Status Desired	1 1	75 Additional		
23		28					ee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing		.00 May Be		
24	25	29 30			Trust Fund Contribution		ided to Fees		
	9. Name and Address of Currer	nt Registered Agent	81	Alama	10. Name and Address of New R	egisterea Agent			
			61	Name Lo	ng, Harold W. III				
CAUTHAN	, RON		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
3415 REYI	NOLDS RD			16	80 Emerson Avenue				
BARTOW I	FL 33830		83				,		
			84	City	rtow, FL	FL 85	Zip Code 33830		
11 Durauant	to the provisions of Sections 617 050	32 and 617 1508 Florida Statutes	the above	-named corns	pration submits this statement for the	purpose of changi	ng its registered		
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 pand accept the obligations of, Section 617.0503, Florida Statutes.									
agent. I a	m familiar with and accept the obliga			111		7.42	0 1889		
SIGNATURE	Signature, typed of printed same of registered age	YAROLD W. LO		signature required	when reinstating)	 	- (1)} 		
12.		ND DIRECTORS	13.	ognature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	ECTORS IN 12		
TITLE	VC	X DELETE	1.1 TITLE	VC		□ Ch	ange X Addition		
NAMÉ	LONG, HAROLD W I		1.2 NAME	На	rrison, Steven W.				
STREET ADDRESS	1680 EMERSON AVE		1.3 STREET	- 1	13 Serrento Court				
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY-ST		ikeland, FL 33813				
TITLE	T	☐ DELETE	2.1 TITLE			☐ Ch	ange Addition		
NAME	HOWLE, JOHN		2.2 NAME						
STREET ADDRESS	1803 IMPERIAL BLVD.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	BARTOW-FL		.2.4 CITY-S	T-ZIP.					
TITLE	S	☐ DELETE	3.1 TITLE	D		∑ Ch	ange Addition		
NAME	SMITH, JUSTIN		3.2 NAME	Sm	ith, Justin				
STREET ADDRESS	405 BARTOW BOULEVARD		3.3 STREET	ADDRESS 40	5 Bartow Boulevard				
CITY-ST-ZIP	BARTOW FL		3.4. CITY-S	I	rtow, FL 33830				
TITLE	D	☐ DELETE	4.1 TITLE	S		X Ch	ange		
NAME	HARRISON, WAYNE D		4. 2 NAME	-	ırrison, Wayne D				
STREET ADDRESS	2110 HIGHLAND BLVD		4.3 STREET	ADDRESS 21	10 Highland Bouleva:	rd			
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST	I	rtow, FL 33830				
TITLE	D	☐ DELETE	5.1 TITLE	D		□ Ch	ange 🙀 Addition		
NAME	BUTLER, JOEL D		5.2 NAME	We	estberry, Paul				
STREET ADDRESS	1365 SWEARINGEN AV. S.		5.3 STREET	ADDRESS 1	lO5 Hibiscus Dr				
CITY-ST-ZIP	BARTOW FL		5.4 CITY-\$1	r-zip Ba	artow, FL 33830				
TITLE	D	☐ DELETE	6.1 TITLE	D		₩ _{Ch}	ange 🙀 Addition		
NAME	COOPER, EARNEST		6.2 NAME	B ₁	reed, John H.				
STREET ADDRESS	3520 GARRARD RD.		6.3 STREET		ll7 Šweet Gum Run				
CITY_ST_7IP	FT MEADE FL 33830		6.4 CITY-S1	r-zie Ba	artow, FL 33830				

14. 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 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, with all other like empowered.

SIGNATURE:

SYSTERE REGILIATED. HOWLE 1/20/

1/20/99 (941)534-6705 Date Daytime Phone #

<2E037 (11/98)