# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2001 8:00 am**
**Secretary of State**
04-26-2001 90006 038 ****61.25

0066342

DOCUMENT # 712105

1. Entity Name

THE ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCO

| Principal Place of Business | Mailing Address |
|---|---|
| 205 EAST STANFORD<br>P O BOX 1411<br>BARTOW FL 33830 | 205 EAST STANFORD<br>P O BOX 1411<br>BARTOW FL 33830 |

644513

DO NOT WRITE IN THIS SPACE

| 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 59-1464285 ☐ 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 |
|---|---|
| HARRISON, WAYNE D<br>2110 HIGHLAND BLVD<br>BARTOW FL 33830 | Name HASTINGS, KEN<br>Street Address (P.O. Box Number is Not Acceptable) 2005 S. KISSENGEN AVE<br>City BARTOW FL Zip Code 33830 |

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 Ken Hastings 4/18/2001

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 | VC<br>HASTINGS, KEN<br>2005 S. KISSENGKN AVE<br>BARTOW FL 33830 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>COOK, JAMES<br>1070 E. GEORGE ST<br>BARTOW, FL 33830 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HOWLE, JOHN<br>1803 IMPERIAL BLVD.<br>BARTOW FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COOK, JAMES<br>1070 E. GEORGE ST<br>BARTOW FL 33830 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRISBIE, RICHARD<br>495 E SUMMERLIN<br>BARTOW, FL 33830 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LASSITER, STEVE<br>815 WILDWOOD DR<br>BARTOW FL 33830 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WESTBERRY, PAUL<br>1105 HIBISCUS DR<br>BARTOW FL 33830 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOWE, TIM<br>9400 SURVEYORS LAKE ROAD<br>BARTOW, FL 33830 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BREED, JOHN H<br>6117 SWEET GUM RD<br>BARTOW FL 33830 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: JOHN E. HOWLE, TREASURER 863-533-3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #