2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90035 011 ****61.25

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DOCUMENT # 712105

1. Entity Name
THE ASSOCIATE REFORMED PRESBYTERIAN CHURCH, INCORPORATED, 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

02012004 Chg-NP CR2E037 (10/03)

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

CRAWFORD, HUGH C
1460 BOUGAN VFILLAGE WAY
BARTOW, FL 33830

7. Name and Address of New Registered Agent

Name HARRIS, JOHN
Street Address (P.O. Box Number is Not Acceptable) 2544 CREWS LAKE HILLS LOOP N
City LAKELAND **FL** Zip Code 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 02-04-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HARRIS, JOHN 2544 CREWS LAKE HILLS LOOP H LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vc WEST BERRY, MICHAEL 1805 BOUGAIN VILLEA WAY BARTOW, FL 33830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOWLE, JOHN 1803 IMPERIAL BLVD. BARTOW, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRISBIE, RICAHRD 495 E SUMMERLIN BARTOW, FL 33830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASTINGS, KEN 2005 S. KISSENGEN AVENUE BARTOW, FL 33830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, BYRON 2100 DYNAMITE RD BARTOW, FL 33830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEEKS, KENNETH 175 CECILE COURT BARTOW, FL 33830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, TIM 9400 SURVEYORS LAKE ROAD BARTOW, FL 33830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTHEIS, TERRY 6321 E. NEWMAN CIRCLE LAKELAND, FL 33811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEARS, GEORGE 1505 S HIBISCUS DR BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 2/4/04 (863)696-4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #