2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State
02-10-2003 90134 023 ****61.25

DOCUMENT # 712105

1. Entity 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

☐ CHECK HERE IF MAKING CHANGES

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

DAMON, LAWERENCE
2005 S KISSENGEN AVE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name C. HUGH CRAWFORD

Street Address (P.O. Box Number is Not Acceptable) 1460 BOUGAIN VILLEA WAY

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

SIGNATURE C Hugh Crawford 3/2/03
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 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 COOK, JAMES 1070 E GEORGE STREET BARTOW FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HARRIS, JOHN 2544 CREWS LAKE HILLS LOOP N LAKELAND, FL 33813 ☐ 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	☐ 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	☐ 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	☐ 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

CR2E037 (10/02)

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: SIGNATURE REQUIRED 2-2-2003 863-533-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #