

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 739954

FILED
May 15, 2000 8:00 am
Secretary of State

03-03-2000 90230 041 ****61.25

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF LAKELAND, FLORIDA,

Principal Place of Business 175 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33801-5697	Mailing Address 175 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33801-5673
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0683261	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERTS, J H
1446 OAKLAWN PLACE
LAKELAND FL 33803

7. Name and Address of New Registered Agent
 Name **Jerre W. Wilson**
 Street Address (P.O. Box Number is Not Acceptable)
410 Hibriten Way
 City **Lakeland** FL Zip Code **33803**

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

2-5-00

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	
TITLE PD NAME BROOKS CHANDLERS, <i>President (T)</i> STREET ADDRESS 203 HIBRITTEN WAY CITY-ST-ZIP LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE TD NAME FETHERMAN, CRAIG, <i>Treasurer (T)</i> STREET ADDRESS 1744 ROSSHIRE CT CITY-ST-ZIP LAKELAND FL	<input type="checkbox"/> Delete
TITLE VD NAME CLARKE JOHN, TH STREET ADDRESS 4321 BRAEMER AVE CITY-ST-ZIP LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE VD NAME SPOTO, CAROLYN STREET ADDRESS 2515 HOLLINGSWORTH HILL CITY-ST-ZIP LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP JOHN B. (MIKE) LOUDON, <i>Chairman (T)</i> 5604 WOODWIND HILLS DRIVE LAKELAND FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DEANE HART, <i>Vice President (T)</i> 3247 BRIDGEFIELD DRIVE LAKELAND FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOHN B. LOUDON** **2-18-00** **(863) 686-7187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)