

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90054 010 \*\*\*\*61.25

**600841**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 739954**

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

Principal Place of Business      Mailing Address  
**175 LAKE HOLLINGSWORTH DRIVE**      **175 LAKE HOLLINGSWORTH DRIVE**  
**LAKELAND FL 33801-5697**      **LAKELAND FL 33801-5697**

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      Applied For  
**59-0683261**       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

**WILSON, JERRE W**  
**410 HIBRITTEN WAY**  
**LAKELAND FL 33803**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 Jerre W. Wilson, Dir of Adm.      DATE 1-3-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS CHANDLERS, 203 HIBRITTEN WAY LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FETHERMAN, CRAIG 1744 ROSSHIRE CT LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE JOHN, 4321 BRAEMER AVE LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPOTO, CAROLYN 2515 HOLLINGSWORTH HILL LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LOUDON, JOHN B 5604 WOODWIND HILLS DR LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HART, DEANE 3247 BRIDGEFIELD DR LAKELAND FL 33803	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Antonette Stone 555 Lake Hollingsworth Dr. Lakeland, FL. 33803-2363	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Cecelia Moore 210 Hiawatha Trail Lakeland, FL. 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-T Thomas Baker 845 Mississippi Ave Lakeland, FL. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-T Bob Stanley 1424 Seville Place Lakeland, FL. 33803	<input checked="" 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: Antonette Stone      DATE: 1-4-01      DAYTIME PHONE: 863-682-2807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

