

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90144 024 ****61.25

DOCUMENT # 739954

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF LAKELAND, FLORIDA,
 INCORPORATED**

Principal Place of Business

Mailing Address

175 LAKE HOLLINGSWORTH DRIVE
 LAKELAND FL 33801-5697

175 LAKE HOLLINGSWORTH DRIVE
 LAKELAND FL 33801-5697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0683261

Applied For

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

7. Name and Address of New Registered Agent

**WILSON, JERRE W
 410 HIBRITEN 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

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	CT STONE, ANTONETTE	<input type="checkbox"/> Delete
STREET ADDRESS	555 LAKE HOLLINGSWORTH DR.	
CITY-ST-ZIP	LAKELAND FL 33803-2363	
TITLE NAME	RT MOORE, CECELIA	<input type="checkbox"/> Delete
STREET ADDRESS	210 HIAWATHA TRAIL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE NAME	TT BAKER, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	845 MISSISSIPPI AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE NAME	VT STANLEY, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	1424 SEVILLE PLACE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE NAME	CT LOUDON, JOHN B	<input type="checkbox"/> Delete
STREET ADDRESS	5604 WOODWIND HILLS DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE NAME	VPT HART, DEANE	<input type="checkbox"/> Delete
STREET ADDRESS	3247 BRIDGEFIELD DR	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PT Ronald Grigsby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2123 Reaney Rd.	
CITY-ST-ZIP	Lakeland, FL 33803-2350	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

Antonette Stone, Chair
 SIGNATURE: *Antonette Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

Date

863-682-2807

Daytime Phone #

CR2E037 (9/01)