

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

<b>DOCUMENT # 739954</b>			
1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF LAKELAND, FLORIDA, INCORPORATED</b>			
Principal Place of Business <b>175 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801-5697</b>		Mailing Address <b>175 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801-5697</b>	
2. Principal Place of Business <b>First Presbyterian Church</b>		3. Mailing Address <b>175 Lake Hollingsworth Dr.</b>	
City & State <b>Lakeland FL</b>		City & State <b>Lakeland FL</b>	
Zip <b>33801</b>		Country <b>Polk</b>	
4. FEI Number <b>59-0683261</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILSON, JERRE W 410 HIBRITEN WAY LAKELAND, FL 33803</b>		7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:		DATE: <b>6-2-03</b>	
(NOTE: Registered Agent signature required when transferring)			
<b>FILE NOW! FEE \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT STONE, ANTONETTE 556 LAKE HOLLINGSWORTH DR. LAKELAND, FL 338032363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRIGSBY, RONALD 2123 REANEY RD LAKELAND, FL 338032350 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT McDonough, Joseph 7530 Gunstock Drive Lakeland, FL 33809</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BAKER, THOMAS 845 MISSISSIPPI AVE LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STANLEY, BOB 1424 SEVILLE PLACE LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LOUDON, JOHN B 5804 WOODWIND HILLS DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PT HART, DEANE 3247 BRIDGEFIELD DR LAKELAND, FL 33803 <input type="checkbox"/> Delete	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 register 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:		DATE: <b>6/2/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

90139464



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)