


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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90125 009 ****61.25

0009981

DOCUMENT # 748807
1. Entity Name
PLANTATION PRESBYTERIAN CHURCH, U.S.A., INCORPORATED.



Principal Place of Business Mailing Address
901 N.W. 70TH AVENUE **901 N.W. 70TH AVENUE**
PLANTATION FL 33317 **PLANTATION FL 33317**

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 **59-1356063** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
THOMPSON, RONALD E
10020 REFLECTING BLVD WEST
APT 103
SUNRISE FL 33351

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 _____
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
After September 10, 2003, min will be \$236.25

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	TT	<input type="checkbox"/> Delete
NAME	THOMPSON, RONALD E	
STREET ADDRESS	10020 REFLECTIONS BLVD. W APT 103	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	PT	<input type="checkbox"/> Delete
NAME	RUSSELL, DAN	
STREET ADDRESS	10091 NW 7TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIS, FRANCIS	
STREET ADDRESS	111 N POMPANO BCH BLVD #904	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
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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.

SIGNATURE: *Ronald E. Thompson* **REINSTATEMENT REQUIRED** **RONALD E. THOMPSON - TREASURER** **7-16-2003** **305-944-7210**

CR2E037 (4/03)