

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90001 014 \*\*\*\*61.25

0065408

**DOCUMENT # 762017**

1. Entity Name

**THE FIRST PRESBYTERIAN CHURCH OF HIGH SPRINGS, I NC.**

Principal Place of Business

Mailing Address

205 NE 2ND AVE  
 HIGH SPRGS FL 32655  
 US

P.O. BOX 1448  
 HIGH SPRGS. FL 32655  
 US

BUUU1407



DO NOT WRITE IN THIS SPACE

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

59-1997394

Applied For

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

**BLANTON, EDNA**  
**610 NW 3RD AVE**  
**HIGH SPRGS FL 32655**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHASTAIN, JACK</b>	
STREET ADDRESS	<b>25929 NW 110TH AVE</b>	
CITY-ST-ZIP	<b>HIGH SPRGS, FL 00000 32643</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, BRETT</b>	
STREET ADDRESS	<b>315 NE 2ND AVE</b>	
CITY-ST-ZIP	<b>HIGH SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLANTON, EDNA</b>	
STREET ADDRESS	<b>610 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>HIGH SPRGS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRUNDER, GARY</b>	
STREET ADDRESS	<b>P O BOX 727</b>	
CITY-ST-ZIP	<b>HIGH SPRINGS FL 32655</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

*Edna Blanton*

1/8/02

Date

386-454-1995

Daytime Phone #

CR2E037 (9/01)