

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90699 022 ****61.25

DOCUMENT # 762017



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

Principal Place of Business
**205 NE 2ND AVE
HIGH SPRGS FL 32655
US**

Mailing Address
**P.O. BOX 1448
HIGH SPRGS. FL 32655
US**

20005729



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1997394**

Applied For
Not Applicable

Zip Country Zip Country

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. 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

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

SIGNATURE: *Edna Blanton* **EDNA BLANTON 1/9/03 386-454-1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)