

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90158 021 ****61.25

DOCUMENT # N21969

1. Entity Name

THE FIRST SOUTHERN METHODIST CHURCH, INC.



Principal Place of Business

**103 WEST JOHNSON ROAD
PLANT CITY FL 33567**

Mailing Address

**103 WEST JOHNSON ROAD
PLANT CITY FL 33566-5766**

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 **59-2370184**

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

**RAWLS, DARLENE
609 S WIGGINS RD.
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name

Paul L. Buti

Street Address (P.O. Box Number is Not Acceptable)

707 Rocky Mt. Court

City

Valrico

FL

Zip Code

33594

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

Paul L. Buti

1-18-03

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

TITLE **CD** ☐ Delete
NAME **RAWLS, DARLENE**
STREET ADDRESS **609 S WIGGINS RD.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **TD** ☐ Delete
NAME **DORSEY, LAURENT**
STREET ADDRESS **1610 MERIDITH PLACE**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ Delete
NAME **RAWLS-BUTI, CERON**
STREET ADDRESS **802 CREST TOP TRAIL**
CITY-ST-ZIP **VALRICO FL**

TITLE **D** ☒ Delete
NAME **GRACE, MARGARET**
STREET ADDRESS **2203 N GORDON ST.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **PD** ☐ Delete
NAME **RAWLES, RICHARD**
STREET ADDRESS **609 S WIGGINS RD.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Delete
NAME **BUTI, WILA M**
STREET ADDRESS **4105 MUD LAKE RD**
CITY-ST-ZIP **PLANT CITY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(T)** ☒ Change ☐ Addition
NAME **RAWLS, DARLENE**
STREET ADDRESS **609 S. WIGGINS RD.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **(D)** ☒ Change ☐ Addition
NAME **DORSEY, LAURENT**
STREET ADDRESS **1610 MERIDITH PLACE**
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **D** ☒ Change ☐ Addition
NAME **RAWLS-BUTI, CERON**
STREET ADDRESS **(810) CREST TOP TRAIL**
CITY-ST-ZIP **VALRICO, FL (33594)**

TITLE **S** ☐ Change ☒ Addition
NAME **PAUL L. BUTI**
STREET ADDRESS **707 ROCKY MOUNTAIN COURT**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **PD** ☒ Change ☐ Addition
NAME **(RAWLS), RICHARD.**
STREET ADDRESS **609 S WIGGINS RD.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **(DC)** ☒ Change ☐ Addition
NAME **BUTI, WILLA MAE**
STREET ADDRESS **4105 MUD LAKE RD.**
CITY-ST-ZIP **PLANT CITY, FL 33567**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

1-17-03

813-651-4685

CR2E037 (10/02)