2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32756

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF LAKE PLACID. FL ORIDA ASSOCIATE REFORMED SYNOD INC

CHIEFT FOOGOTHE THE CHIEF OF HOD; HO.							
Principal Place of Business	Mailing Address						
117 NORTH OAK STREET P O BOX 326 LAKE PLACID FL 33852	117 NORTH OAK STREET P O BOX 326 LAKE PLACID FL 33852						
2. Principal Place of Business	3. Mailing Address						
Suite Ant # etc	Suite Apt # etc						

FILED May 29, 2002 8:00 am Secretary of State

05-29-2002 90704 009 ****61.25



Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City 9 Stat				h. 9 Cana						··		
City & State City &		iy & State	a State		4. FEI Number 59-2956007				pplied For lot Applicable			
Zip		Country	Zip C		Country		E Costificate of St	etus Desisa		\$8.75 Ac		
and the same of th			ريد دريد سر	اداستانسو سر	5. Certificate of Status Desired Fee Required							
	6. Name	and Address of Curre	nt Registere	ed Agent	Nama		7. Name and Add	ress of Ne	w Registered	Agent		
					Name	Name						
HARRIS, BERT J., III				Street Address (P.O. Box Number is Not Acceptable)								
	iall Bouli											
LAKE PLA	CID FL 338	52					_					
					City				FL	Zip Cod	de	
8. The above	named entit	y submits this statement	for the purp	ose of changing its re	L eaistered office o	r register	ed agent, or both, in	the state of	Florida	<u>- 1</u>		
	•	,		Total or an aming may make			so agont, or both, in	uic diale of	rionaa.			
	• ,		,									
SIGNATURE .												
٠	Signature, typed	or printed name of registered age	ent and title if app	licable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE			
3												
ľ	FILE NOW	: FEE IS \$61.25		9. Election Camp			\$5.00 May Be	•	Make Chec	k Payable	to	
8 .				Trust Fund Co	ntribution.	Ш	Added to Fees		Departme	nt of Stat	е	
10.		OFFICERS AND (DIDECTORS	·	11.		DDITIONS (CLIANS)	CO TO OFF	OEDO AND D	DEOTODO II	1.40	
TITLE	C	OFFICENS AND E	DIRECTORS	EX Delete	TITLE	D	DDITIONS/CHANG	ES TO OFFI	CERS AND DI			
	GRIGSBY,	ALAN		⊕ Puneiere	NAME	_	ha Dumi			Change	Addition	
		SH CREEK ROAD			STREET ADDRESS	100	hn Bury	37 4 1	_			
CITY-ST-ZIP	LAKE PLAC	CID FL 33852			CITY-ST-ZIP		30 CR 17			,		
	VC			EX Delete	TITLE	D D	ke Placio	T, Ple	33852	☐ Change	₹ Addition	
	CLINARD,	JAMES		123 00000	NAME	_	nes Ď. End	ıle		CT cuarite	+= Addition	
	106 MAR-E				STREET ADDRESS		Murray (NW			
		CID:FL°33852: 💝 💝		a Eacher on a terr	CITYESTEZIPE 🔭		e Placid				urre (- i -	
	SD			☐ Delete	TITLE	D	<u>, , , , , , , , , , , , , , , , , , , </u>	-	<u> </u>	☐ Change	★ Addition	
	TURNER, L				NAME	Edn	a Morris			_ •	_	
	126 DEAN				STREET ADDRESS). Box 170	9				
	_	CID FL 33852			CITY-ST-ZIP	ľ	e Placid.		33862			
11100	D	IM 1 1414		☐ Delete	TITLE	D		, – –		☐ Change	🛣 Addition	
	TURNER, V				NAME	Dol	ly Breig					
	126 DEAN	NA DHIVE CID FL 33852			STREET ADDRESS		Country	Club	Drive			
-	DANE FLAC	VID FL 33032			CITY-ST-ZIP		e Placid.					
TITLE NAME	MCDONAL	n Jeri		Delete	TITLE	D	 ,	-		☐ Change	Addition	
	LAKE JUNI	•			NAME STREET ADDRESS		l Elliott					
		DD FL 33852			CITY-ST-ZIP		Sirena W					
	D			7710nl-4-			e Placid,	FL—	33852		67 4 1000	
THILL	PORTER, H	IOWARD		X M Delete	TITLE NAME	D				☐ Change	K Addition	
	-	CLAY DRIVE			STREET ADDRESS		Tompkins					
CITY-ST-ZIP	LAKE PLAC	CID FL 33852 information supplied wi			CITY_ST_7IP		. Box 912					

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

William Turner

5/1/02

Date

863/699-9300

Daytime Phone #