

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 004 ****61.25

DOCUMENT # 706354

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PLANTATION, INC.

Principal Place of Business

Mailing Address

12700 W BROWARD BLVD
 PLANTATION FL 33325-2308
 US

12700 W BROWARD BLVD
 PLANTATION FL 33325-2308
 US

710847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0865845

Applied For

Not Applied

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

WISE, NORM R
6800 NW 27 TERR
FT LAUDERDALE FL 33309

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	PD	<input type="checkbox"/> Delete
NAME	WISE, NORM R	
STREET ADDRESS	6800 NW 27TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, JIM	
STREET ADDRESS	9370 NW 31ST PLACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUIZENGA, DAVID	
STREET ADDRESS	1271 NW 78 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, ARCY	
STREET ADDRESS	5241 SW ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FROST, GORDON	
STREET ADDRESS	9311 NW 38TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME	XXXXXXXXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	

TITLE	SD	<input type="checkbox"/> Change
NAME	Steve Doan	
STREET ADDRESS	7400 NW 16th Street	
CITY-ST-ZIP	Plantation, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 (954) 452-440
 Date Daytime Phone #