

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90099 038 \*\*\*\*61.25

**DOCUMENT # 706354**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF PLANTATION, INC.**

Principal Place of Business      Mailing Address  
**12700 W BROWARD BLVD**      **12700 W BROWARD BLVD**  
**PLANTATION FL 33325-2308**      **PLANTATION FL 33325-2308**  
**US**      **US**



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 **59-0865845**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WISE, NORM R</b>	
STREET ADDRESS	<b>6800 NW 27TH TERR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, JIM</b>	
STREET ADDRESS	<b>9370 NW 31ST PLACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, ARCY</b>	
STREET ADDRESS	<b>5241 SW ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FROST, GORDON</b>	
STREET ADDRESS	<b>9311 NW 38TH PLACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DOAN, STEVE</b>	
STREET ADDRESS	<b>7400 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33313</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WADSWORTH, WADSWORTH</b>	
STREET ADDRESS	<b>WADSWORTH</b>	
CITY-ST-ZIP	<b>WADSWORTH</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ **1/23/02 954/452-4404**

CR2E037 (9/01)