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

**FILED**
**Mar 03, 2003 8:00 am**
**Secretary of State**
03-03-2003 90968 047 ****61.25

DOCUMENT # 708660

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF LAKE ALFRED, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 515 E. HAINES BLVD.<br>P O BOX 1107<br>LAKE ALFRED FL 33850 | 515 E. HAINES BLVD.<br>P O BOX 1107<br>LAKE ALFRED FL 33850 |

☐ CHECK HERE IF MAKING CHANGES

| 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 70-8660631 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CASTRO, ROLAND O REV.<br>515 E. HAINES BLVD.<br>LAKE ALFRED FL 33850 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / STREET ADDRESS / CITY-ST-ZIP | VP<br>HILDEBRAND, CHARLES<br>621 DRIVER CIRCLE<br>POINCIANA FL 34759 | ☒ Delete | VP<br>FULLERTON, DAVID<br>225 E. SWOPE STREET<br>LAKE ALFRED, FL 33850 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WALLER, BEV<br>184 FAIRWAY CIRCLE<br>WINDER HAVE FL 33850 | ☒ Delete | D<br>BOND, MS. BILLIE<br>935 S. BUENA VISTA<br>LAKE ALFRED, FL 33850 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WILLIAMS, BONNIE<br>12550 OLD GRADE RD<br>POLK CITY FL 33868 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASTRO, WARREN<br>4503 JACLYN'S JETTY SE<br>WINTER HAVEN FL 33884 | ☐ Delete | P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHLEE, MARGE<br>905 S GENATHY DR<br>AUBURNDALE FL 33850 | ☒ Delete | D<br>TRUMP, PHIL<br>170 FAIRWAY CIRCLE<br>WINTER HAVEN, FL 33881 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BIGGAR, BETTE<br>PO BOX 1135<br>LAKE ALFRED FL 33850 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Bonnie C. Williams 2/25/03 863-956-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #