

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0010301

DOCUMENT # 713472

03-13-2001 90075 029 ****61.25

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF PALATKA, INC.

Principal Place of Business

Mailing Address

123 SOUTH 2ND STREET
 PALATKA FL 32177-4706

123 SOUTH 2ND STREET
 PALATKA FL 32177-4706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0689704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DOUG
RT 4 BOX 1703
PALATKA, FLORIDA
PALATKA FL 32177

Name

Same

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

104 TIMBER LANE

City

PALATKA

FL

Zip Code *Same*

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

Douglas J Grant

3/5/01

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	T	<input type="checkbox"/> Delete
NAME	GARDNER, H L, JR	
STREET ADDRESS	243 MORSTANI POINT	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANT, DOUG	
STREET ADDRESS	RT 4 BOX 1703	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, F. R.	
STREET ADDRESS	155 W GRANDVIEW DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOTES, C. L.	
STREET ADDRESS	109 ST JOHNS BLVD	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS	<i>243 MORITANI</i>	<i>correction of spelling and city</i>
CITY-ST-ZIP	<i>East Palatka, FL 32131</i>	
TITLE	<i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS	<i>104 TIMBER LANE</i>	<i>correction of address</i>
CITY-ST-ZIP	<i>Same zip 32177</i>	
TITLE	<i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS	<i>Same</i>	<i>correction of city</i>
CITY-ST-ZIP	<i>East Palatka, FL 32131</i>	
TITLE	<i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS	<i>Same</i>	<i>add zip code</i>
CITY-ST-ZIP	<i>zip 32131</i>	
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:

SIGNATURE REQUIRED

Doug Grant

3/5/01

(386) 329-0593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)