## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 20, 2002 8:00 am **DOCUMENT # 713472 Secretary of State** 1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF PALATKA, INC. 03-20-2002 90025 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 123 SOUTH 2ND STREET 123 SOUTH 2ND STREET PALATKA FL 32177-4706 PALATKA FL 32177-4706 3. Mailing Address 2. Principal Place of Business was a promise DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0689704 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jones Street Address (P.O. Box Number is Not Acceptable) GRANT, DOUG **104 TIMBER LANE** 155 W. Grandview Dr. PALATKA FL 32177 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. March Jones, Trustee Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition √ Change ☐ Delete TITLE TITLE Gardner, H L, Jr NAME NAME STREET ADDRESS STREET ADDRESS 1243 MORITANI CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL 32131 TITLE ☐ Change ☐ Addition TITLE X Delete GRANT, DOUG~ NAME\* NAME STREET ADDRESS **104 TIMBER LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palatka FL 32177 Change ☐ Addition TITLE ☐ Delete TITLE JONES.F. R. NAME NAME 155 W GRANDVIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EAST PALATKA FL 32131 ☐ Change Addition Delete TITLE TITLE MOTES, C. L. NAME NAME 109 ST JOHNS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EAST PALATKA FL 32131 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

March 6, 2002