

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


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90234 021 ****61.25

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DOCUMENT # 713472

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

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JONES, F. R.
155 W GRANDVIEW DRI
EAST PALATKA FL 32131**

4. FEI Number **59-0689704** Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	T	<input type="checkbox"/> Delete
NAME	GARDNER, H L, JR	
STREET ADDRESS	243 MORTANI	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRANT, DOUG	
STREET ADDRESS	104 TIMBER LANE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, F. R.	
STREET ADDRESS	155 W GRANDVIEW DR	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOTES, C. L.	
STREET ADDRESS	109 ST JOHNS BLVD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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: *Fred R. Jones* **REC FRED R. JONES, TRUSTEE** 4-11-03 (386) 325-7604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)