

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90022 030 ****61.25

DOCUMENT # 724718

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF SANFORD, FL., INC.

Principal Place of Business

Mailing Address

**301 OAK AVE
 SANFORD FL 32771**

**301 OAK AVE
 SANFORD FL 32771-1823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0737881

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

**SWEETING, DR. LURLENE
 400 PINE AVE
 SANFORD FL 32771**

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

Lurlene Sweeting R.d.

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

T Delete
 NAME **BRUMLEY, JOHN, SR**
 STREET ADDRESS **2000 PALMETTO AVE**
 CITY-ST-ZIP **SANFORD FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

C Delete
 NAME **PEARCE, ROB**
 STREET ADDRESS **230 LAKEVIEW DR**
 CITY-ST-ZIP **SANFORD FL 32773**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **PAUL, HORACE**
 STREET ADDRESS **1200 RHINEHART RD**
 CITY-ST-ZIP **SANFORD FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **WELD, GEORGE**
 STREET ADDRESS **600 EAST 20TH STREET**
 CITY-ST-ZIP **SANFORD FL 32771**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

C Delete
 NAME **DOKTOR, KENNETH**
 STREET ADDRESS **307 LARKWOOD DR**
 CITY-ST-ZIP **SANFORD FL**

C Change Addition
 NAME **JANE SCOTT**
 STREET ADDRESS **1706 E. 2ND ST.**
 CITY-ST-ZIP **SANFORD, FL 32771**

S Delete
 NAME **SWEETING, LURLENE**
 STREET ADDRESS **400 PINE AVE**
 CITY-ST-ZIP **SANFORD FL**

Change Addition
 TITLE
 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:

John Brumley
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000

Date

Daytime Phone #

CR2E037 (9/99)