

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90181 024 \*\*\*\*61.25

0023985

**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**

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*

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	BRUMLEY, JOHN, SR	
STREET ADDRESS	2000 PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	PEARCE, ROB	
STREET ADDRESS	230 LAKEVIEW DR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, HORACE	
STREET ADDRESS	1200 RHINEHART RD	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELD, GEORGE	
STREET ADDRESS	600 EAST 20TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	C	<input type="checkbox"/> Delete
NAME	SCOTT, JANE	
STREET ADDRESS	1706 E. 2ND ST	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEETING, LURLENE	
STREET ADDRESS	400 PINE AVE	
CITY-ST-ZIP	SANFORD FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT MILSON	
STREET ADDRESS	111 BRIERWOOD DR.	
CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORACE. PAUL	
STREET ADDRESS	1200 RHINEHART RD.	
CITY-ST-ZIP	SANFORD, FL. 32771	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL JACKSON	
STREET ADDRESS	416 VIRGINIA AVE.	
CITY-ST-ZIP	SANFORD, FL.	
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:

*Horace Paul* 1/24/01 407-322-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)