

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90059 011 ****61.25

DOCUMENT # 724718
 1. Entity Name
FIRST PRESBYTERIAN CHURCH OF SANFORD, FL., INC.

Principal Place of Business 301 OAK AVE SANFORD FL 32771	Mailing Address 301 OAK AVE SANFORD FL 32771
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0737881		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

SWEETING, DR. LURLENE
400 PINE AVE
SANFORD FL 32771

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.

SIGNATURE *Lurlene Sweeting* DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lurlene Sweeting*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)