


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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

1/1

01-15-2003 90274 048 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
**301 OAK AVE**      **301 OAK AVE**  
**SANFORD FL 32771**      **SANFORD FL 32771**

**55006650**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-0737881**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SWEETING, DR. LURLENE**      Name **KEN DOKTOR**  
**400 PINE AVE**      Street Address (P.O. Box Number is Not Acceptable)  
**SANFORD FL 32771**      **307 LARKWOOD DR.**  
City **SANFORD**      FL      Zip Code **32771**

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 Kenneth R. Johnson      DATE 1/29/03  
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.       \$5.00 May Be Added to Fees      Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRUMLEY, JOHN, SR</b> <b>2000 PALMETTO AVE</b> <b>SANFORD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LENORE MATSUBARA</b> <b>802 BUCKIE DR.</b> <b>WINTER SPRINGS, FL 32708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PEARCE, ROB</b> <b>230 LAKEVIEW DR</b> <b>SANFORD FL 32773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT MILSON</b> <b>111 BRIERWOOD DR.</b> <b>SANFORD, FL 32771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PAUL, HORACE</b> <b>1200 RHINEHART RD</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOB HUNTER</b> <b>3730 KENTUCKY AVE</b> <b>SANFORD, FL 32773</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WELD, GEORGE</b> <b>800 EAST 20TH STREET</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CHERYL LEIGH</b> <b>320 W. LAKEVIEW AVE</b> <b>LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SCOTT, JANE</b> <b>1708 E. 2ND ST</b> <b>SANFORD FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRENDA ROTTINGHAUS</b> <b>301 BORADA RO.</b> <b>SANFORD, FL. 32773</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SWEETING, LURLENE</b> <b>400 PINE AVE</b> <b>SANFORD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNIS RAGAARD</b> <b>976 SEMINOLE RD.</b> <b>OSTEEN, FL 32764</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: Kenneth R. Johnson      SIGNATURE REQUIRED KEN DOKTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      401-322-2662  
Date      Daytime Phone #

1/29/03

Attachment  
53006652  
924718

*First Presbyterian Church*



301 S. OAK AVENUE

SANFORD, FLORIDA 32771

(407) 322-2662

FAX: (407) 322-2664

E-MAIL: [fpcs@juno.com](mailto:fpcs@juno.com)

<http://economall.com/fpcs>

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

RE: Corrections on Corporate Filing

Dear Mr. Detzner:

The corrections that were requested have been made. The signing officer is Kenneth Doktor, Secretary and Clerk Of Session. Scott Milsom, Bob Hunter, and Dennis Aagaard are directors for the corporation.

Thank you ,  
Lynda Gunter  
Office Administrator