

DOCUMENT # 748815

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF UMATILLA, FLORI

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90006 013 ****61.25

Principal Place of Business: 493 KENTUCKY AVE. P. O. BOX 407 UMATILLA FL 32784
Mailing Address: 493 KENTUCKY AVE. P. O. BOX 407 UMATILLA FL 32784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-1900137
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HASLEY, DOUGLAS 43 MEBANE STREET UMATILLA FL 32784

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: _____ 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. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: PD SEABROOK, J. ELLIOTT; TD HASLEY, DOUGLAS E.; SD SEABROOK, SUSAN.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows for adding or changing officers and directors.

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: Douglas E. Hasley January 4, 2001 352-669-2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00247

CR2E037 (10/00)