


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 748815 1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF UMATILLA, FLORIDA					
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			
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 59-1900137	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REAM, WALTER T 1933 MAPLE CIRCLE TAVARES FL 32778			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Walter T. Ream</i>		SIGNATURE <i>Walter T. Ream, Trustee</i>		DATE <i>1/28/05</i>	
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 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEABROOK, J. ELLIOTT		NAME		
STREET ADDRESS	40742 STATE RD 19		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REAM, WALTER T		NAME		
STREET ADDRESS	1933 MAPLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEABROOK, SUSAN		NAME		
STREET ADDRESS	40742 STATE RD. 19		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>Walter T. Ream</i>		SIGNATURE: <i>Walter T. Ream</i>		DATE: <i>1/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <i>352-669-2334</i>	