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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00876 (5)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF PLANT CITY, FLORIDA, INC.

Principal Place of Business 404 W. REYNOLDS ST. PLANT CITY FL 33566	Mailing Address 404 W. REYNOLDS ST. PLANT CITY FL 33566
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1984	3a. Date of Last Report 04/28/1994
4. FEI Number 59-6033535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 20
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SUMNER, PAT
404 W REYNOLDS ST
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HASKETT, WILLIAM
STREET ADDRESS	1802 GOLFVIEW DR S
CITY - ST - ZIP	PLANT CITY FL
TITLE	T (D)
NAME	GRIFFITH, ART B.
STREET ADDRESS	3207 HAWTHORNE CT
CITY - ST - ZIP	PLANT CITY FL
TITLE	S
NAME	KIRBY, BILLY RAY
STREET ADDRESS	424 PEVETTY DR
CITY - ST - ZIP	PLANT CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Haskett, William
13 STREET ADDRESS	1802 Golfview Drive South
14 CITY - ST - ZIP	Plant City, FL
21 TITLE	T (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Griffith, Art B.
23 STREET ADDRESS	3207 Hawthorne CT
24 CITY - ST - ZIP	Plant City, FL
31 TITLE	Secretary (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Haskett, William
33 STREET ADDRESS	1802 Golfview Drive S
34 CITY - ST - ZIP	Plant City, FL
41 TITLE	Vice President (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robertson, Bob
43 STREET ADDRESS	107 Granada Court North
44 CITY - ST - ZIP	Plant City, FL 33567
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	8/17/91
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/21/95** **(813) 348-1842**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #