

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **01/12/1984**
3a. Date of Last Report: **07/03/1995**
4. FEI Number: **59-6033535**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: HASKETT, WILLIAM	
STREET ADDRESS: 1802 GOLFVIEW DRIVE SOUTH	
CITY-ST-ZIP: PLANT CITY FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: GRIFFITH, ART B	
STREET ADDRESS: 3207 HAWTHORNE CT	
CITY-ST-ZIP: PLANT CITY FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: HASKETT, WILLIAM	
STREET ADDRESS: 1802 GOLFVIEW DRIVE S	
CITY-ST-ZIP: PLANT CITY FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: ROBERTSON, BOB	
STREET ADDRESS: 107 GRANADA COURT NORTH	
CITY-ST-ZIP: PLANT CITY FL 33567	
TITLE: []	<input type="checkbox"/> DELETE
NAME: []	
STREET ADDRESS: []	
CITY-ST-ZIP: []	
TITLE: []	<input type="checkbox"/> DELETE
NAME: []	
STREET ADDRESS: []	
CITY-ST-ZIP: []	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Robertson, Robert	
1.3 STREET ADDRESS: 107 Granada Court North	
1.4 CITY-ST-ZIP: Plant City, FL 33567	
2.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Arnold, Walt	
2.3 STREET ADDRESS: 1305 W Sandalwood Dr South	
2.4 CITY-ST-ZIP: Plant City, FL 33565	
3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Larson, Randy	
3.3 STREET ADDRESS: 207 N Franklin Street	
3.4 CITY-ST-ZIP: Plant City, FL 33566	
4.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: []	
4.3 STREET ADDRESS: []	
4.4 CITY-ST-ZIP: []	
5.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: []	
5.3 STREET ADDRESS: []	
5.4 CITY-ST-ZIP: []	
6.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: []	
6.3 STREET ADDRESS: []	
6.4 CITY-ST-ZIP: []	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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] Date: 3/20/96 Daytime Phone #: (813) 754-7613

CR2E037 (12/95)