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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90011 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00876

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

01/12/1984

4. FEI Number

59-6033535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~SUMNER, PAT~~ Rochester, Roberta  
404 W REYNOLDS ST  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name Rochester, Roberta

82 Street Address (P.O. Box Number is Not Acceptable)  
404 W. Reynolds Street

83

84 City Plant City

FL

85 Zip Code 33566

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 *William C Haskett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/14/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MIDYETTE, WILLIAM M  
STREET ADDRESS 4109 JIM L REDMAN PARKWAY  
CITY-ST-ZIP PLANT CITY FL

TITLE TD  
NAME LANDRES, WILLIAM H  
STREET ADDRESS 2914 BARRET AVE  
CITY-ST-ZIP PLANT CITY FL

TITLE SD  
NAME HASKETT, WILLIAM C  
STREET ADDRESS 1801 GOLF VIEW DR SOUTH  
CITY-ST-ZIP PLANT CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE TD  
2.2 NAME Brand Laseter  
2.3 STREET ADDRESS 1001 W. Pinedale Drive  
2.4 CITY-ST-ZIP Plant City, FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *William C Haskett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-752-4211

CR2E037 (1/198)