

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90168 040 ****61.25

DOCUMENT # N00876

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PLANT CITY, FLORIDA

Principal Place of Business

Mailing Address

404 W. REYNOLDS ST.
 PLANT CITY FL 33566

404 W. REYNOLDS ST.
 PLANT CITY FL 33566-3138

935661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6033535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, PAT
 404 W REYNOLDS ST
 PLANT CITY FL 33566

Name: **Roberta Rochester**
 Street Address (P.O. Box Number is Not Acceptable): **404 W. Reynolds Street**
 City: **Plant City** FL Zip Code: **33566**

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: *Roberta Rochester*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIDYETTE, WILLIAM M	
STREET ADDRESS	4109 JIM L REDMAN PARKWAY	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LASETER, BRAND	
STREET ADDRESS	1001 WEST PINEDALE DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HASKETT, WILLIAM C	
STREET ADDRESS	1801 GOLF VIEW DR SOUTH	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C Haskett **4/7/00**

Date

Daytime Phone #

813-752-4211

CR2E037 (9/99)