

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-09-2002 91191 010 ****61.25

DOCUMENT # N00876

1. Entity 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

3. Mailing Address

407 W. Mahoney Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City, Florida

4. FEI Number

59-6033535

Applied For

Not Applicable

Zip

Country

Zip
33566

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~ROCHESTER, ROBERTA~~ **JANET MOORE**
 404 W REYNOLDS ST
 PLANT CITY FL 33566

Name

Janet Lynn Moore

Street Address (P.O. Box Number is Not Acceptable)

407 W. Mahoney 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

Janet Lynn Moore

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Miller	
STREET ADDRESS	3610 Swindell Road	
CITY-ST-ZIP	Plant City, Florida 33565	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Daramus	
STREET ADDRESS	3519 Kilmer Drive	
CITY-ST-ZIP	Plant City, Florida 33567	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Moore	
STREET ADDRESS	2708 Savannah Drive	
CITY-ST-ZIP	Plant City, Florida 33565	
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		

CR2E037 (9/01)

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:

David Miller **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

Daytime Phone #