

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90011 018 ****61.25

DOCUMENT # N21969

1. Entity Name

THE FIRST SOUTHERN METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**103 WEST JOHNSON ROAD
 PLANT CITY FL 33567**

**103 WEST JOHNSON ROAD
 PLANT CITY FL 33566-5766**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2370184

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

**RAWLS, DARLENE
 609 S WIGGINS RD.
 PLANT CITY FL 33566**

Name

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

City

FL

Zip Code

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

Darlene Rawls Chairperson Board of Stewards 1-31-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	RAWLS, DARLENE	
STREET ADDRESS	609 S WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORSEY, LAURENT	
STREET ADDRESS	1610 MERIDITH PLACE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLS- BUTI, CERON	
STREET ADDRESS	802 CREST TOP TRAIL	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, MARGARET	
STREET ADDRESS	2203 N GORDON ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAWLES, RICHARD	
STREET ADDRESS	609 S WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTI, WILA M	
STREET ADDRESS	4105 MUD LAKE RD	
CITY-ST-ZIP	PLANT CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 a/other like empowered.

SIGNATURE:

Darlene Rawls
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

813-754-5968

Date

Daytime Phone #

CR2E037 (9/01)