

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000003533 (4)**
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF BARTOW, FLORIDA, INC.



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| Principal Place of Business 355 SOUTH FLORIDA AVE. BARTOW FL 33830 | Mailing Address 355 SOUTH FLORIDA AVE. BARTOW FL 33830-4706 |
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|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/03/1996 | 3a. Date of Last Report |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-0998544 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|--|--|--|---------------------------------------|
| 9. Name and Address of Current Registered Agent MCCANLESS, WALT 355 SOUTH FLORIDA AVE. BARTOW FL 33830 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name James B. Hatch, III | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 1010 Mariposa | |
| | | 83 | |
| | | 84 City Bartow | 85 Zip Code FL 33830 |

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 *James B. Hatch, III* **James B. Hatch, III** **01/20/1997**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SISSON, JIM | | 1.2 NAME Carolyn Ewing | |
| STREET ADDRESS 2455 HWY 17 SOUTH | | 1.3 STREET ADDRESS 3047 Shoal Creek Village Dr. | |
| CITY-ST-ZIP BARTOW FL 33830 | | 1.4 CITY-ST-ZIP Lakeland, FL 33803 | |
| TITLE DS | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GROENEWOUD, LUCILLE | | 2.2 NAME Linda Sue Munroe | |
| STREET ADDRESS 2055 S. FLORAL #245 | | 2.3 STREET ADDRESS 1185 Lisa Lane | |
| CITY-ST-ZIP BARTOW FL 33830 | | 2.4 CITY-ST-ZIP Bartow, FL 33830 | |
| TITLE DS | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOLLAND, MARIANN | | 3.2 NAME Ginger Smith | |
| STREET ADDRESS 1510 OLD EAGLE LAKE RD. | | 3.3 STREET ADDRESS 1190 S. Orange Ave. | |
| CITY-ST-ZIP BARTOW FL 33830 | | 3.4 CITY-ST-ZIP Bartow, FL 33830 | |
| TITLE DT | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BLOCKER, KAY | | 4.2 NAME Howe Wallace | |
| STREET ADDRESS 3510 E. GANDY RD. | | 4.3 STREET ADDRESS 1180 E. George St. | |
| CITY-ST-ZIP BARTOW FL 33830 | | 4.4 CITY-ST-ZIP Bartow, FL 33830 | |
| TITLE DP | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LEWIS, BART | | 5.2 NAME Dorothy R. Walters | |
| STREET ADDRESS 1920 E. F. GRIFFIN RD. | | 5.3 STREET ADDRESS 950 Soledad | |
| CITY-ST-ZIP BARTOW FL 33830 | | 5.4 CITY-ST-ZIP Bartow, FL 33830 | |
| TITLE DV | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEYOUNG, JOHN | | 6.2 NAME | |
| STREET ADDRESS 1145 S. JOHNSON | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP BARTOW FL 33830 | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Dorothy R. Walters* **Dorothy R. Walters** **January 20, 1997**

CR2E037 (9/96)