

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0066343

DOCUMENT # N96000003533

02-08-2001 90165 014 ****70.00

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF BARTOW, FLORIDA, IN

Principal Place of Business

Mailing Address

355 SOUTH FLORIDA AVE.
 BARTOW FL 33830

355 SOUTH FLORIDA AVE.
 BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0998544

Applied For

Not Applicable

5. Certificate of Status Desired XX

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATCH, JAMES B III
1010 MARIPOSA
BARTOW FL 33830

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 James B. Hatch, III

02/06/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, BUDDY	
STREET ADDRESS	595 W MAIN ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINTON, BRIAN	
STREET ADDRESS	2310 S. KISSINGEN AVE	
CITY-ST-ZIP	BARTOW FL 33830-7513	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, HOWE	
STREET ADDRESS	1180 E. GEORGE ST.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENTLEY, CHUCK	
STREET ADDRESS	840 DE LA BOSQUE	
CITY-ST-ZIP	BARTOW FL 33830-6446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, WILLIAM L	
STREET ADDRESS	565 W PEARL ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mudgett, Paul	
STREET ADDRESS	1155 Lisa Ln.	
CITY-ST-ZIP	Bartow, FL 33830	
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		
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:

William L. Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Harris

02/06/2001

(863) 533-5005

Date

Daytime Phone #

CR2E037 (10/00)