

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90021 030 ****70.00

DOCUMENT # N96000003533

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF BARTOW, FLORIDA, IN C.

Principal Place of Business Mailing Address
355 SOUTH FLORIDA AVE. 355 SOUTH FLORIDA AVE.
BARTOW FL 33830 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 Applied For
59-0998544 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	D MUDGETT, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1155 LISA LN	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME	D HINTON, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	2310 S. KISSINGEN AVE	
CITY-ST-ZIP	BARTOW FL 33830-7513	
TITLE NAME	D WALLACE, HOWE	<input type="checkbox"/> Delete
STREET ADDRESS	1180 E. GEORGE ST.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME	D BENTLEY, CHUCK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	840 DE LA BOSQUE	
CITY-ST-ZIP	BARTOW FL 33830-6446	
TITLE NAME	D HARRIS, WILLIAM L	<input type="checkbox"/> Delete
STREET ADDRESS	565 W PEARL ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Henry, Hank	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1990 Boardman Rd.	
CITY-ST-ZIP	Bartow, FL 33830-9731	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **William L. Harris** (863) 534-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)