

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90066 022 ****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.
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 **\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 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
Florida Department of State**

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUDGETT, PAUL	
STREET ADDRESS	1155 LISA LN	
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 checked="" 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	HENRY, HANK	
STREET ADDRESS	1990 BOARDMAN RD	
CITY-ST-ZIP	BARTOW FL 33830-9731	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Bruce Munroe	
STREET ADDRESS	1185 Lisa Ln.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hazel Sellers	
STREET ADDRESS	1990 De La Palma	
CITY-ST-ZIP	Bartow, FL 33830	
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* **WILLIAM L. HARRIS** William L. Harris 01/20/2003 (863) 534-7400

CR2E037 (10/02)