

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0007975

DOCUMENT # N99000005503

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF STARKE, FLORIDA, INC.

04-03-2001 90085 019 ****61.25

Principal Place of Business

Mailing Address

**921 EAST CALL STREET
 STARKE FL 32091**

**921 EAST CALL STREET
 STARKE FL 32091**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2061315

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WELLS, ORIAN
 1310 EAST CALL STREET
 STARKE FL 32091**

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

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 Delete
 NAME **GAY, JANE**
 STREET ADDRESS **RT 5 BOX 7468**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **JOHNSON, JOHNNIE**
 STREET ADDRESS **769 WEST MARKET DR.**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WELLS, ORIAN**
 STREET ADDRESS **1310 EAST CALL STREET**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ROBERTS, SCOTT**
 STREET ADDRESS **1317 CHATAUGUA WAY.**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MOISE, MILTON**
 STREET ADDRESS **6115 KINGSLEY LAKE DR.**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MONTGOMERY, DAVID**
 STREET ADDRESS **P.O. BOX 459**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 352-374-6789
 Date Daytime Phone #

CR2E037 (10/00)