


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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90681 006 ****71.00

DOCUMENT # N99000005503

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



Principal Place of Business
**921 EAST CALL STREET
STARKE FL 32091**

Mailing Address
**921 EAST CALL STREET
STARKE FL 32091**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2061315**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WELLS, ORIAN
1310 EAST CALL STREET
STARKE FL 32091**

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	GAY, JANE	
STREET ADDRESS	RT 5 BOX 7468	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, ORIAN	
STREET ADDRESS	1310 EAST CALL STREET	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOISE, MILTON	
STREET ADDRESS	6115 KINGSLEY LAKE DR.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, DAVID	
STREET ADDRESS	P.O. BOX 459	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	W	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIN ARMSTRONG	
STREET ADDRESS	1355 SELLING ST	
CITY-ST-ZIP	STARKE FL 32091	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 **352374 6789**

CR2E037 (10/02)