

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709698 (5)**  
1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF INVERNESS, INC.**



Principal Place of Business <b>206 WASHINGTON AVE INVERNESS FL 34450 US</b>	Mailing Address <b>206 WASHINGTON AVE INVERNESS FL 34450-4942 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>10/04/1965</b>	<b>3a.</b> Date of Last Report <b>02/21/1996</b>
<b>4.</b> FEI Number <b>59-2069396</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MILLER, KENNETH  
506 PALMA CEIA PT.  
INVERNESS FL 34450**

**10. Name and Address of New Registered Agent**

**81** Name  
**ATKINS, SAM**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**524 E. SAVOY ST.**

**83**

**84** City  
**LECANTO FL**

**85** Zip Code  
**FL 34461**

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **SAM ATKINS, PTR** *Sam Atkins* DATE **6/4/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HUMPHRIES, O.J.</b>	
STREET ADDRESS <b>320 WRIGHT ST.</b>	
CITY-ST-ZIP <b>INVERNESS FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LANGE, DEL</b>	
STREET ADDRESS <b>1300 E EMERSON ST</b>	
CITY-ST-ZIP <b>INVERNESS FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MILLER, KENNETH G.</b>	
STREET ADDRESS <b>506 PALMA CEIA PT</b>	
CITY-ST-ZIP <b>INVERNESS FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PTr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ATKINS, SAM</b>	
1.3 STREET ADDRESS <b>524 E. SAVOY ST.</b>	
1.4 CITY-ST-ZIP <b>LECANTO FL</b>	
2.1 TITLE <b>VTr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>RACKLEY, HARRY</b>	
2.3 STREET ADDRESS <b>P.O. BOX 6 "N/A"</b>	
2.4 CITY-ST-ZIP <b>HERNANDO FL 34442</b>	
3.1 TITLE <b>STr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>CAWARD, LINDA</b>	
3.3 STREET ADDRESS <b>521 HICKORY RD.</b>	
3.4 CITY-ST-ZIP <b>INVERNESS FL</b>	
4.1 TITLE <b>TTr</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>LINTON, JOHN</b>	
4.3 STREET ADDRESS <b>9171 S. MERIDITH AVE.</b>	
4.4 CITY-ST-ZIP <b>FLORAL CITY FL</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*Sandra B. Mortham*

CR2E037 (9/96)