

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 023 ****61.25

DOCUMENT # 709698

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF INVERNESS, INC.



Principal Place of Business

206 WASHINGTON AVE
INVERNESS FL 34450
US

Mailing Address

206 WASHINGTON AVE
INVERNESS FL 34450
US

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

59-2069396

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

MILLIKEN, MURRAY
8779 E. ORANGE AVE.
FLORAL CITY FL 34436

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
Due By May 1, 2004

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 PTR Delete
NAME MILLIKEN, MURRAY
STREET ADDRESS 8779 E. ORANGE AVE.
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTR Delete
NAME JAROS, SONNY
STREET ADDRESS 9637 E. GOSPEL ISLAND DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STR Delete
NAME MCKEAN, SYLVIA
STREET ADDRESS 481 S REDBUD TERR
CITY-ST-ZIP INVERNESS FL 34450

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TTR Delete
NAME CHASE, WARREN
STREET ADDRESS 5 N ARCHWOOD DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Murray Milliken

MURRAY MILLIKEN, PRES. 2/5/04 352-860-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #