

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:28

DOCUMENT # **732726** (5)
1. Corporation Name
DUNNELLON PRESBYTERIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**20657 CHESTNUT STREET
DUNNELLON FL 34431
US** **P.O. BOX 1069
DUNNELLON FL 34430
US**

3. Date Incorporated or Qualified **05/09/1975** 3a. Date of Last Report **02/11/1994**
4. FEI Number **59-1786379** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAINER, THOMAS H JR. REV.
12170 MAPLE STREET 131C
DUNNELLON FL 34432**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Thomas H. Gainer Jr.* **Thomas H. Gainer Jr.** **24 January 1995**
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PERRY, WILLIAM A.
STREET ADDRESS	11820 CAMP DRIVE
CITY-ST-ZIP	DANNELLON FL
TITLE	VD
NAME	SMITH, CHARLES J.
STREET ADDRESS	9671 SW 190TH AVE RD.
CITY-ST-ZIP	DUNNELLON FL
TITLE	S
NAME	HIGHTOWER, LEAR
STREET ADDRESS	8917 SW 198 CT.
CITY-ST-ZIP	DUNNELLON FL
TITLE	TD
NAME	PHILLIPS, DON
STREET ADDRESS	8842 SW 190 CIRCLE
CITY-ST-ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Marshall, Ben
1.3 STREET ADDRESS	P.O. Box 1366 N/A
1.4 CITY-ST-ZIP	Dunnellon, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Smith, Louise
2.3 STREET ADDRESS	P. O. Box 489 N/A
2.4 CITY-ST-ZIP	Dunnellon, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Cothern, Joan C.
3.3 STREET ADDRESS	P. O. Box 2048 N/A
3.4 CITY-ST-ZIP	Dunnellon, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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.

SIGNATURE: **Ben J. Marshall** *Ben J. Marshall* **1/24/95** **489-4887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #