

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 739954 (6)**

1. Corporation Name

**FIRST PRESBYTERIAN CHURCH OF LAKE LAND, FLORIDA,  
INCORPORATED**

Principal Place of Business

Mailing Address

175 LAKE HOLLINGSWORTH DRIVE  
LAKE LAND FL 33001-5697

175 LAKE HOLLINGSWORTH DRIVE  
LAKE LAND FL 33001-5697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/22/1977</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-0683261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, J H  
1446 OAKLAWN PLACE  
LAKE LAND FL 33803**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State
86. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PO</del>	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROYAL, DAVID</del>	1.2 NAME	GERTRUDE NYCE
STREET ADDRESS	<del>2302 HAWTHORNE TRAIL</del>	1.3 STREET ADDRESS	8 TERRACE GARDENS
CITY - ST - ZIP	<del>LAKE LAND FL</del>	1.4 CITY - ST - ZIP	LAKE LAND, FL. 33801
TITLE	<del>TD</del>	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MURVIN, RICHARD</del>	2.2 NAME	DANNY D. CROW
STREET ADDRESS	<del>4100 BRIGHTON WAY</del>	2.3 STREET ADDRESS	285B GRASSLANDS DR
CITY - ST - ZIP	<del>LAKE LAND, FL 33000</del>	2.4 CITY - ST - ZIP	LAKE LAND, FL. 33803
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDALL, THOMAS B.	3.2 NAME	
STREET ADDRESS	175 LK. HOLLINGSWORTH DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	3.4 CITY - ST - ZIP	
TITLE	<del>VD</del>	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GUMMING, ISABEL</del>	4.2 NAME	DAVID S. ROYAL
STREET ADDRESS	<del>2005 OLD HWY 97, 105</del>	4.3 STREET ADDRESS	2302 HAWTHORNE TRAIL
CITY - ST - ZIP	<del>LAKE LAND FL</del>	4.4 CITY - ST - ZIP	LAKE LAND, FL. 33803
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gertrude S. Nyce* *Chair of Session* 4/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type if None)