

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739954 (6)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF LAKE LAND, FLORIDA, INCORPORATED



Principal Place of Business: 175 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33801-5697
Mailing Address: 175 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33801-5697

3. Date Incorporated or Qualified: 08/22/1977
3a. Date of Last Report: 04/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For							
		26			59-0683261	Not Applicable							
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	8.	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				10. Name and Address of New Registered Agent			
ROBERTS, J H 1446 OAKLAWN PLACE LAKELAND FL 33803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/>	DELETE	1.1	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	NYCE, GERTRUDE			1.2	NAME				
STREET ADDRESS	87 TERRACE GARDENS			1.3	STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL			1.4	CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/>	DELETE	2.1	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	CROW, DANNY D			2.2	NAME				
STREET ADDRESS	2858 GRASSLANDS DR			2.3	STREET ADDRESS				
CITY-ST-ZIP	LAKELAND, FL 00000			2.4	CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/>	DELETE	3.1	TITLE	<input 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	LAKELAND FL			3.4	CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/>	DELETE	4.1	TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	ROYAL, DAVID S			4.2	NAME				
STREET ADDRESS	2302 HAWTHORNE TRAIL			4.3	STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL			4.4	CITY-ST-ZIP				
TITLE		<input type="checkbox"/>	DELETE	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		<input type="checkbox"/>	DELETE	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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.L. Halbreath* Church Administrator 1-16-96 941-686-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)