

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, LAKE LAND FL 33801-5697
Mailing Address: 175 LAKE HOLLINGSWORTH DRIVE, LAKE LAND FL 33801-5673

3. Date Incorporated or Qualified: 08/22/1977
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business (21-23): Suite, Apt. #, etc.; City & State; Zip; Country
2a. Mailing Address (26-28): Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: 59-0683261
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ROBERTS, J H
1446 OAKLAWN PLACE
LAKE LAND FL 33803

10. Name and Address of New Registered Agent
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 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 NYCE, GERTRUDE	1.1 TITLE	PD JIM YOUNG
NAME	87 TERRACE GARDENS	1.2 NAME	2923 SHOAL CREEK VILLAGE DR
STREET ADDRESS	LAKE LAND FL	1.3 STREET ADDRESS	LAKE LAND, FL. 33803
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD CROW, DANNY D	2.1 TITLE	TD CRAIG FETHERMAN
NAME	2858 GRASSLANDS DR	2.2 NAME	1744 ROSSHIRE CT
STREET ADDRESS	LAKE LAND, FL 00000	2.3 STREET ADDRESS	LAKE LAND, FL. 33813
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD TYNDALL, THOMAS B.	3.1 TITLE	CD DAVID G. WALKER
NAME	175 LK. HOLLINGSWORTH DR.	3.2 NAME	1835 STONECREST CT
STREET ADDRESS	LAKE LAND FL	3.3 STREET ADDRESS	LAKE LAND, FL. 33813
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD ROYAL, DAVID S	4.1 TITLE	VD CAROLYN SPOTO
NAME	2302 HAWTHORNE TRAIL	4.2 NAME	2515 HOLLINGSWORTH HILL
STREET ADDRESS	LAKE LAND FL	4.3 STREET ADDRESS	LAKE LAND, FL. 33803
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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STREET ADDRESS		6.3 STREET ADDRESS	
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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: *James E. Young* 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052421

CR2E037 (9/96)