

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED
Jul 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762017 (2)
 1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF HIGH SPRINGS, I NC.

Principal Place of Business 10 NE 2ND AVE. HIGH SPRGS. FL 32643	Mailing Address P.O. BOX 1446 HIGH SPRGS. FL 32643 US 32655
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 205 N.E. 2nd Avenue Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.
City & State 23 High Springs, Fla	City & State 28
Zip 24 32655	Country 25 USA

3. Date Incorporated or Qualified 02/17/1982	3a. Date of Last Report 01/31/1996
4. FEI Number 59-1997394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ERWIN, CLAIRE
10 NE 2ND AVE
HIGH SPRGS. FL 32643**

10. Name and Address of New Registered Agent
81 Name Edna Blanton
82 Street Address (P.O. Box Number is Not Acceptable) 610 N.W. 3rd Avenue
84 City High Springs, FL 85 Zip Code 32655

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 *Sandra Blanton* (NOTE: Registered Agent signature required when reinstating) DATE **7/22/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS-SPENCE, RICHARD
STREET ADDRESS	22826 N.W. 227TH DR.
CITY-ST-ZIP	HIGH SPRGS, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	WATERS, BRETT
STREET ADDRESS	315 NE 2ND AVE
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLANTON, EDNA
STREET ADDRESS	610 NW 3RD AVENUE
CITY-ST-ZIP	HIGH SPRGS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	CORBETT, DOROTHY
STREET ADDRESS	15405 NW 25TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED *Sandra Blanton*

CR2E037 (4/97)