SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42585** **(2)**

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF MOUNT DORA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 904 MOUNT DORA FL 32757	P O BOX 904 MOUNT DORA FL 32757

3. Date Incorporated or Qualified: 03/14/1991
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-0940288 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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 ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PORTER, SCOTT R.
1035A W DIXIE AVE.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: Robert J. Bradley
82 Street Address (P.O. Box Number Is Not Acceptable): 3455 Lakeshore Drive
83:
84 City: Mount Dora, FL 85 Zip Code: 32757

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.

X SIGNATURE: Robert J. Bradley DATE: 6/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	BURROWS, BARBARA	1.2 NAME	Lee, Leslie	
STREET ADDRESS	2125 STACY DR.	1.3 STREET ADDRESS	473 Burnt Tree Lane	
CITY-ST-ZIP	MT. DORA FL	1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	2.1 TITLE	TR	☒ Change ☐ Addition
NAME	JACOBSON, HARRY	2.2 NAME	Wootton, James	
STREET ADDRESS	110 N TREMAIN ST #114	2.3 STREET ADDRESS	6362 Dora Drive	
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	D	3.1 TITLE	TR	☒ Change ☐ Addition
NAME	DYER, LEONARD	3.2 NAME	Craney, Gary	
STREET ADDRESS	4721 SLOEWOOD DR.	3.3 STREET ADDRESS	1480 E. Third Avenue	
CITY-ST-ZIP	TANGERINE FL 32777	3.4 CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, BILL	4.2 NAME		
STREET ADDRESS	2559 PALMETTO RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL 32757	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	SCOTT, FRANK	5.2 NAME	Leavenworth, Elizabeth	
STREET ADDRESS	4705 SLOEWOOD DR.	5.3 STREET ADDRESS	602 Chautauqua Drive	
CITY-ST-ZIP	MT. DORA FL 32757	5.4 CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	D	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	BRADLEY, BOTZ	6.2 NAME	Robert J. Bradley	
STREET ADDRESS	3455 LAKESHORE DR.	6.3 STREET ADDRESS	3455 Lakeshore Drive	
CITY-ST-ZIP	MOUNT DORA FL 32757	6.4 CITY-ST-ZIP	Mount Dora, FL 32757	

CR2E037 (3/95)

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)(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: Robert J. Bradley 6/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT J. BRADLEY

0003632