**FILE NOW: FILING FEE IS $61.25**

# NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Feb 26, 1999 8:00 am**
**Secretary of State**
02-26-1999 90051 040 ****61.25

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DOCUMENT # N42585

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF MOUNT DORA

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 934<br>MOUNT DORA FL 32757 | P O BOX 934<br>MOUNT DORA FL 32757 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/14/1991 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-0940288 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BRADLEY, ROBERT J.
3455 LAKESHORE DRIVE
MOUNT DORA FL 32757

**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 _____ DATE
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 | T | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCOTT, FRANK | | 1.2 NAME | | |
| STREET ADDRESS | 4705 SLOEWOOD DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MT. DORA FL 32757 | | 1.4 CITY-ST-ZIP | | |
| TITLE | TR | XX DELETE | 2.1 TITLE | | ☒ Change XX Addition |
| NAME | WOOTTON, JAMES | | 2.2 NAME | Whitbeck, Calvin | |
| STREET ADDRESS | 6362 JDORA DRIVE | | 2.3 STREET ADDRESS | 1106 Golf Club Court | |
| CITY-ST-ZIP | MOUNT DORA FL | | 2.4 CITY-ST-ZIP | Mount Dora, FL 32757 | |
| TITLE | TR | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CRANEY, GARY | | 3.2 NAME | | |
| STREET ADDRESS | 1480 E. THIRD AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TE | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JACOBSON, HARRY | | 4.2 NAME | | |
| STREET ADDRESS | 2728 LAKE LANDING BLVD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL 32726 | | 4.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEAVENWORTH, ELIZABETH | | 5.2 NAME | | |
| STREET ADDRESS | 602 CHAUTAUGQUA DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MT. DORA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | DT | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRADLEY, ROBERT J. | | 6.2 NAME | | |
| STREET ADDRESS | 3455 LAKESHORE DR. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA FL | | 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

**SIGNATURE:** Robert J. Bradley SIGNATURE REQUIRED ROBERT J. BRADLEY 1/23/99 304-383-4089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)