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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N51068

1. Corporation Name

**THE FIRST PRESBYTERIAN CHURCH OF DAYTONA BEACH,
FLORIDA**

Principal Place of Business

620 SOUTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

Mailing Address

620 SOUTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/05/1929

4. FEI Number

59-0704731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE
NAME LAMB, MURIEL
STREET ADDRESS 580 CAMBRIDGE CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE DS ☒ DELETE
NAME HAWKINS, JOANNE
STREET ADDRESS 8 ELIZABETH LANE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE DT ☒ DELETE
NAME LIVINGSTON, RICHARD
STREET ADDRESS 459 TRITON ROAD
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Robert Henderson
1.3 STREET ADDRESS 1517 N Beach St
1.4 CITY-ST-ZIP Ormond Beach FL 32174-3403

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Chris Schlageter
2.3 STREET ADDRESS 1608-B Crescent Ridge Rd
2.4 CITY-ST-ZIP Daytona Beach FL 32118-4908

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME Laura Humphreys
3.3 STREET ADDRESS 1510 Poplar Dr
3.4 CITY-ST-ZIP Ormond Beach FL 32174-3414

4.1 TITLE DT ☐ Change ☒ Addition
4.2 NAME H. L. Hoover
4.3 STREET ADDRESS 904 Sea Duck Dr
4.4 CITY-ST-ZIP Daytona Beach FL 32119-2378

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-99 904-761-8072

CR2E037 (1/98)