

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762017

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**7695258619CC**

**Entity Name:** THE FIRST PRESBYTERIAN CHURCH OF HIGH SPRINGS, INC.

**Current Principal Place of Business:**

18711 HIGH SPRINGS MAIN ST.  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

P.O. BOX 1448  
HIGH SPRINGS, FL 32655 US

**FEI Number: 59-1997394**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBINSON, JEAN  
18024 NW CR 235A  
ALACHUA, FL 32615 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JEAN ROBINSON**

**03/29/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BUCK, PATRICIA J  
Address        18707 NW 202 ST.  
City-State-Zip: HIGH SPRINGS FL 32643

Title           DIRECTOR, PRESIDENT, SECRETARY  
Name           ROBINSON, JEAN  
Address        18024 NW CR 235A  
City-State-Zip: ALACHUA FL 32615

Title           DIRECTOR  
Name           GRUNDER, GARY D  
Address        23349 NW CR 236  
                  SUITE 20  
City-State-Zip: HIGH SPRINGS FL 32643

Title           DIRECTOR  
Name           RADDER, DAVE  
Address        298 SE ROBINHOOD PL  
City-State-Zip: HIGH SPRINGS FL 32643

Title           DIRECTOR  
Name           FOX, REBECCA  
Address        19720 NW 240TH PLACE  
City-State-Zip: HIGH SPRINGS FL 32643

Title           DIRECTOR  
Name           STOLL, WILLIAM  
Address        20030 NW 249TH ST.  
City-State-Zip: HIGH SPRINGS FL 32643

Title           DIRECTOR  
Name           ADAMS-WATERS, LETITIA  
Address        7704 NW 179TH ST.  
City-State-Zip: ALACHUA FL 32615

Title           DIRECTOR  
Name           PERFETTO, GUS  
Address        4900 NE 58TH LANE  
City-State-Zip: HIGH SPRINGS FL 32643

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA J BUCK**

**TREASURER**

**03/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WATERS, JAMES BRETT  
Address        PO BOX 725  
City-State-Zip: HIGH SPRINGS FL 32655

Title           DIRECTOR  
Name           KISLING, VERNON  
Address        PO BOX 1511  
City-State-Zip: HIGH SPRINGS FL 32655