

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762017

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF HIGH SPRINGS, INC.**Current Principal Place of Business:**205 NE 2ND AVE
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

03/09/2016

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
Name RADDER, DAVE
Address 298 SE ROBIN HOOD PL
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 RODRIGUEZ, JOYCE
Address 25603 NW 122ND AVE.
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name WATERS, BRETT
Address P.O. BOX 725
City-State-Zip: HIGH SPRINGS FL 32655

Title DIRECTOR
Name WATERS, CAROLYN
Address P.O. BOX 725
City-State-Zip: HIGH SPRINGS FL 32655

Title DIRECTOR
Name LACKEY, SHARON
Address 26510 SW 4TH AVE.
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name JOSEY, JOHN
Address 22205 NW 202ND ST.
City-State-Zip: HIGH SPRINGS FL 32643

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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

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STIDHAM, DEWAYNE
Address 193 SW GOPHER CT.
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name BARNETT, ANN
Address 16368 NW 257TH DR.
City-State-Zip: HIGH SPRINGS FL 32643