

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762017

FILED
Mar 09, 2015
Secretary of State
CC1281460762

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:

WATER, LETITIA
7704 NW 179TH ST
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, TREASURER
Name BUCK, PATRICIA J
Address 18707 NW 202 ST.
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 O'STEEN, EDDIE
Address 18820 NW 220TH 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
Name FOX, JACK
Address 19720 NW 240TH PL
City-State-Zip: HIGH SPRINGS FL 32643

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

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

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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

03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name RODRIGUEZ, JOYCE
Address 25603 NW 122ND AVE.
City-State-Zip: HIGH SPRINGS FL 32643