#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762017** 

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

**FILED** Feb 26, 2018 Secretary of State CC3778520623

# **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 02/26/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **TREASURER** Title DIRECTOR, PRESIDENT, SECRETARY

BUCK, PATRICIA J ROBINSON, JEAN Name Name 18024 NW CR 235A Address 18707 NW 202 ST. Address City-State-Zip: ALACHUA FL 32615 HIGH SPRINGS FL 32643 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name STIDHAM, DEWAYNE Name JOSEY, JOHN Address 193 SW GOPHER CT. Address 22205 NW 202ND ST. FT. WHITE FL 32038 City-State-Zip: City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR Title **DIRECTOR** 

Name GRUNDER, GARY D Name BARNETT, ANN Address 23349 NW CR 236

Address 16368 NW 257TH DR. SUITE 20

HIGH SPRINGS FL 32643 City-State-Zip: City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR Title DIRECTOR LACKY, WALTER Name Name FOX. REBECCA

26510 SW 4TH AVE Address Address 19720 NW 240TH PLACE

NEWBERRY FL 32669 City-State-Zip: HIGH SPRINGS FL 32643 City-State-Zip:

# 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.

02/26/2018 SIGNATURE: PATRICIA J. BUCK TRESURER

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name STOLL, WILLIAM Name ADAMS-WATERS, LETITIA

Address 20030 NW 249TH ST. Address 7704 NW 179TH ST.

City-State-Zip: HIGH SPRINGS FL 32643 City-State-Zip: ALACHUA FL 32615