

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700290 (0)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.



Principal Place of Business: TALLAHASSEE INC, 102 N. ADAMS ST., TALLAHASSEE FL 32301-7718
Mailing Address: 110 N ADAMS ST, 102 N. ADAMS ST., TALLAHASSEE FL 32301-7777, US

3. Date Incorporated or Qualified: 12/18/1959
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-0651083
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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; 30 Country

9. Name and Address of Current Registered Agent: POTTER, THOMAS K. JR, 3069 ECHO POINT LANE, TALLAHASSEE FL 32310
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	CROWELL, PETER	
STREET ADDRESS	2905 BRANDEMERE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BLOUNT, BEBE	
STREET ADDRESS	6726 CHEVY WAY	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	PTR	<input type="checkbox"/> DELETE
NAME	POTTER, THOMAS K JR	
STREET ADDRESS	3069 ECHO POINT LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	KICKLITER, RAY	
STREET ADDRESS	821 CHERRY	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	STAKENAS, ROBERT	
STREET ADDRESS	2334 CLARE DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BENTLEY, MARTHA	
STREET ADDRESS	2415 SAN PEDRO	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas K. Potter Jr 30 Jan. '96 596-6513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E037 (12/96)