

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


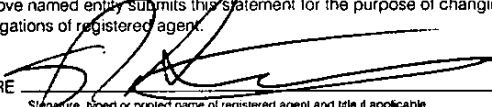
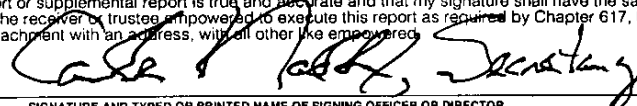
FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90010 049 ****61.25

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02142007 Chg-NP CR2E037 (12/06)

DOCUMENT # 701981					
1. Entity Name FIRST PRESBYTERIAN CHURCH					
Principal Place of Business 701 BEACH DR NE ST PETERSBURG, FL 33701			Mailing Address 701 BEACH DR NE ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0640061	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHLECHT, SUSAN 1227-14 AVE N SAINT PETERSBURG, FL 33705			Name Richard A. Stoffels Street Address (P.O. Box Number is Not Acceptable) 3663 Central Avenue City St. Petersburg FL Zip Code 33713		
8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Richard A. Stoffels		2/27/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STT	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLECHT, SUSAN		NAME	MADDUX, CARLEN	
STREET ADDRESS	1227-14TH AVE N		STREET ADDRESS	350-2ND STREET NORTH #3	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGUET, WILLIAM		NAME	MOOREFIELD, HARRY M.	
STREET ADDRESS	300-15TH AVE N		STREET ADDRESS	1029-31ST TERRACE NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVINIUS, SCOTT		NAME	BARDIN, MARY K.	
STREET ADDRESS	2760 E VINA DEL MAR BLVD		STREET ADDRESS	1300-86TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706		CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.					
SIGNATURE: 		Casey P. Hoff, Secretary		2.15.07 727.823.4371	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	