

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701984

FILED
Apr 03, 2009
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF MARIANNA, INC.

Current Principal Place of Business:

2898 JEFFERSON ST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4437 CLINTON ST
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-1087264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHUCK
4384 ANGELA DRIVE
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILTON, JOHN W
Address: 2760 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: V () Delete
Name: HAND, RICHARD
Address: 4334 SECOND AVE.
City-St-Zip: MARIANNA, FL 32446

Title: ST () Delete
Name: GIBBS, JIM
Address: 2633 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: LAW, LUCILLE A
Address: 3073 FOURTH STREET
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: OSWALD, VIRGIL
Address: 4582 FOREST PARK DR
City-St-Zip: MARIANNA, FL 32446

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HATCHER, BETTY F
Address: 5406 HIGHWAY 2
City-St-Zip: BASCOM, FL 32423

Title: D () Change (X) Addition
Name: WIERMAN, LAWRENCE
Address: 4886 DOGWOOD DRIVE
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES GIBBS

ST

04/03/2009

Electronic Signature of Signing Officer or Director

Date