

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702218

**FILED**  
**Jan 31, 2008**  
**Secretary of State**

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF TEQUESTA, INC.

**Current Principal Place of Business:**

482 TEQUESTA DR.  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

482 TEQUESTA DR.  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 59-1237866      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERSEY, DONALD D  
482 TEQUESTA DRIVE  
TEQUESTA, FL 33469      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: PD ( ) Delete  
Name: SCALF, JIM  
Address: 482 TEQUESTA DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete  
Name: MOTE, JANEL  
Address: 482 TEQUESTA DR  
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete  
Name: KELLY, LINDA  
Address: 482 TEQUESTA DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: TD ( ) Delete  
Name: KELLY, LINDA  
Address: 482 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

**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:

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: JIM SCALF

PD

01/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date