

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703212 (1)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF PERRY, INC.



Principal Place of Business Mailing Address  
P O BOX 837 201 WEST MAIN ST PERRY FL 32347  
P O BOX 837 201 WEST MAIN ST PERRY FL 32347

3. Date Incorporated or Qualified 11/17/1961  
3a. Date of Last Report 02/27/1995

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	23	City & State	24	Zip	25	Country	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country	4.	FEI Number	59-1591156	Applied For	Not Applicable
																				5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
																				6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
																				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent				
FALTIN, CHARLES F. 110 RIDGE ROAD X PERRY FL 32347										81	Name			
										82	Street Address (P.O. Box Number is Not Acceptable)			
										83				
										84	City	FL	85	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKEL, MARGARET A.			1.2 NAME			
STREET ADDRESS	403 N QUINCY ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSETT, JAMES C.			2.2 NAME			
STREET ADDRESS	408 GLENRIDGE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALTIN, CHARLES F.			3.2 NAME			
STREET ADDRESS	110 RIDGE RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, J. MASON			4.2 NAME			
STREET ADDRESS	408 GLENRIDGE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PERRY FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Margaret A Eckel MARGARET A ECKEL TREAS 2/27/96 904-584-3826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)