


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
		29	30

3. Date Incorporated or Qualified	11/17/1961
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FALTIN, CHARLES F.
110 RIDGE ROAD
X
PERRY FL 32347**

10. Name and Address of New Registered Agent

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL 65 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tr/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKEL, MARGARET A.	1.2 NAME	Marilyn Culpepper
STREET ADDRESS	POST OFFICE BOX 717 N/A	1.3 STREET ADDRESS	205 Pineland St.
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Tr/P <input checked="" 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	Tr/S <input checked="" 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	Tr/VP <input checked="" 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CHARLES F. FALTIN *Charles F. Faltin* 3/16/98 850-584-9659

CR2E037 (10/97)