

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90051 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703212**

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF PERRY, INC.**

Principal Place of Business P O BOX 837 201 WEST MAIN ST PERRY FL 32347	Mailing Address P O BOX 837 201 WEST MAIN ST PERRY FL 32347
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2. Principal Place of Business 21 P O BOX 837 Suite, Apt. #, etc. 22 310 PLANTATION RD. City & State 23 PERRY FL Zip 24 32348	2a. Mailing Address 26 P O BOX 837 Suite, Apt. #, etc. 27 310 PLANTATION RD. City & State 28 PERRY FL Zip 29 32348	3. Date Incorporated or Qualified 11/17/1961	4. FEI Number 59-1591156	Applied For <input type="checkbox"/> 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		

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, MARILYN	1.2 NAME	Daniel K. Musgrove
STREET ADDRESS	205 PINELAND ST	1.3 STREET ADDRESS	1142 HINGSON TANNER RD.
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	PERRY FL 32347
TITLE	TP <input type="checkbox"/> DELETE	2.1 TITLE	TrP <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	TS <input type="checkbox"/> DELETE	3.1 TITLE	TrS <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	TVP <input type="checkbox"/> DELETE	4.1 TITLE	TrVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J. MASON	4.2 NAME	
STREET ADDRESS	406 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, with all other like empowered.

SIGNATURE: James A. Williams **SIGNATURE REQUIRED** 2-4-99 850-584-3826  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)