2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

ANNUAL REPORT (AR)				_ Anr 13, 20	006 08:00 A	M
DOCÚMENT # 703212 1. Entity Name				Secreta	ary of State	1111
FIRST PF	RESBYTERIAN CHURCH O	F PERRY, INC.				
Principal Place of Business		Mailing Address				
P O BOX 837 310 PLANTATION RD PERRY FL 32348		P O BOX 837 310 PLANTATION RD PERRY FL 32348				
2. Principal Place of Business		3. Mailing Address		1 54-935 39-93 BBS B.D. 11(12 314-01	 	B)  00     01  3   3   3   3   3   3   3   3   3
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E037 (10/05)	
City & State		City & State		4. FEI Number 59-15911	EC : :- : :	oplied For ot Applicat
Ζιρ	Country	Zip	Country	5. Certificate of Status Desired	- ¢g 75	ditional
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of Nev		
DAGGETT HAVES O			Name			
307	SSETT, JAMES C ' DOGWOOD WAY RRY FL 32348		Street Addres	s (P.O. Box Number is Not Accepte	ble)	
rur	101 FL 32340					
•			City		FL Zip Coo	le
6. The above the obligation	e named entity submits this statement tions of registered agent.	for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of	Florida. I am familiar with,	and acce
SIGNATURE  Signature types or printed name of registered agent and title of applicable [NOTE Registered Agent signature required when certifiating]					DATE	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campai Trust Fund Conf		\$5.00 May Be Added to Fees Flo	lake Check Payable rida Department of t	to
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN	110
TITLE NAME	TP BASSETT, JAMES C.	☐ Delete	TITLE		☐ Change	Additi
STREET ADDRESS	307 DOGWOOD WAY PERRY FL 32348	·	SIREET ADDRESS CHY-SI-ZIP	U000000	505126 30105-010 61.25	
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NAME	WOLFKILL, ALBERT J	—	NAME		1	
STREET ADDRESS City-St-zip	305 DOGWOOD WAY PERRY FL 32348	i	STREET ADDRESS  CLIV-ST-ZIP			
TITLE	TVP	☐ Delete	MIE		☐ Change	Daggill
NAME	WEST, ERDMAN JR		NAME			44.
STREET ADDRESS CITY-ST-ZIP	401 BISHOP BLVD PERRY FL 32347	· .	SIREEI ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.