


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 015 ****61.25

DOCUMENT # 703212					
1. Entity Name FIRST PRESBYTERIAN CHURCH OF PERRY, INC.					
Principal Place of Business P O BOX 837 310 PLANTATION RD PERRY, FL 32348			Mailing Address P O BOX 837 310 PLANTATION RD PERRY, FL 32348		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 837			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Perry Florida		4. FEI Number 59-1591156	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32348		Country Taylor		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BASSETT, JAMES C 307 DOGWOOD WAY PERRY, FL 32348			Name s Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.			FL Zip Code		
SIGNATURE <u>James C. Bassett</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT)</small>			in the State of Florida. I am familiar with, and accept 7/9/07 DATE		
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BASSETT, JAMES C. 307 DOGWOOD WAY PERRY, FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST WOLFKILL, ALBERT J 305 DOGWOOD WAY PERRY, FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WEST, ERDMAN JR 401 BISHOP BLVD PERRY, FL 32347	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>James C. Bassett</u> 7/9/07 (850) 584-3826 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



07062007 Chg-NP CR2E037 (12/06)

No mail box at physical location.
Please delete from mailing address, it delays us receiving mail. Thanks