

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:17

DOCUMENT # 708660 (6)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF LAKE ALFRED, INC.

Principal Place of Business

Mailing Address

515 E. HAINES BLVD.
P O BOX 1107
LAKE ALFRED FL 33850

515 E. HAINES BLVD.
P O BOX 1107
LAKE ALFRED FL 33850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1965

3a. Date of Last Report

04/18/1994

4. FEI Number

70-8660631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRO, ROLAND O REV.
515 E. HAINES BLVD.
LAKE ALFRED FL 33850

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CONVERSE, GENE
STREET ADDRESS	540 RAINIER STREET
CITY - ST - ZIP	LAKE ALFRED FL
TITLE	D
NAME	ENOS, JUDY
STREET ADDRESS	1524 S. ROCHELLE DRIVE
CITY - ST - ZIP	WINTER HAVEN FL 33881
TITLE	SD
NAME	HUTCHINSON, GAIL S.
STREET ADDRESS	150 E. HAINES BLVD.
CITY - ST - ZIP	LAKE ALFRED FL 33850
TITLE	TD
NAME	STEEVES, FLOYD A.
STREET ADDRESS	144 VILLAGE COURT
CITY - ST - ZIP	WINTER HAVEN FL 33884
TITLE	VD
NAME	NALL, WESLEY
STREET ADDRESS	350 RENSSALAER AVENUE
CITY - ST - ZIP	AUBURNDALE FL
TITLE	D
NAME	LAWLER, LINDA
STREET ADDRESS	P.O. BOX 1743 N/A
CITY - ST - ZIP	WINTER HAVEN FL 33882

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Wesley Nall	
13 STREET ADDRESS	350 Renssalaer Ave	
14 CITY - ST - ZIP	Auburndale, FL 33850	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	TD	☒ Change ☐ Addition
42 NAME	James Higgins	
43 STREET ADDRESS	329 Putter Circle	
44 CITY - ST - ZIP	Winter Haven, FL 33850	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME	Adeline Stephen	
63 STREET ADDRESS	88 Greenview Blvd.	
64 CITY - ST - ZIP	Winter Haven, FL 33850	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Gail S. Hutchinson GAIL S. HUTCHINSON

3/17/95

(813) 956-3461

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