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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33850-1107

3. Date Incorporated or Qualified: 03/17/1965
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

9. Name and Address of Current Registered Agent

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PINNER, ANN		1.2 NAME	
STREET ADDRESS	PO BOX 987		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL		1.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	2.1 TITLE	D ☐ Change ☑ Addition
NAME	~~ENOS, JUDY~~		2.2 NAME	Evenden, Don
STREET ADDRESS	~~1524 S. ROCHELLE DRIVE~~		2.3 STREET ADDRESS	315 ashley Dr.
CITY-ST-ZIP	~~WINTER HAVEN FL 33881~~		2.4 CITY-ST-ZIP	Haines City, FL 33844
TITLE	SD	☑ DELETE	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	~~HUTCHINSON, GAIL S.~~		3.2 NAME	Williams, Bonnie
STREET ADDRESS	~~PO BOX AL~~		3.3 STREET ADDRESS	12250 old Grade Rd.
CITY-ST-ZIP	~~LAKE ALFRED FL~~		3.4 CITY-ST-ZIP	Polk City, FL 33868
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JAMES		4.2 NAME	
STREET ADDRESS	329 PUTTER CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ENGDAHL, TED		5.2 NAME	
STREET ADDRESS	518 CENTURY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME	~~ADELINE, STEPHEN~~		6.2 NAME	martin, Gruver
STREET ADDRESS	~~88 GREENVIEW BLVD~~		6.3 STREET ADDRESS	100 Cypress Loop
CITY-ST-ZIP	~~WINTER HAVEN FL~~		6.4 CITY-ST-ZIP	Lake Alfred, FL 33850

CR2E037 (9/96)

14. I do 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: Bonnie Williams Sec/Treas of Corp. 941-984-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053802