

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-26-2004 90458 046 ****61.25

DOCUMENT # 708660

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF LAKE ALFRED, INC.



Principal Place of Business

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

Mailing Address

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

66422853



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-8660631

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**F. FULLERTON, DAVID
225 E SWOPE STREET
LAKE ALFRED FL 33850** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. Fullerton, David
225 E. Swope St.
Lake Alfred, Fl.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. BOND, BILLIE MS
935 S. BUENA VISTA
LAKE ALFRED FL 33850** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. James Carland
21 Marina Drive
Winter Haven, Fl 33881** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. WILLIAMS, BONNIE
12550 OLD GRADE RD
POLK CITY FL 33868** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. Laurell, Sally, Mrs.
P.O. Box 595
Lake Alfred, Fl. 33850** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. CASTRO, WARREN
4509 JACLYN'S JETTY SE
WINTER HAVEN FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. CASTRO, WARREN Secretary
4012 Cypress Landings So.
Winter Haven, Fl 33884** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. TRUMP, PHIL
170 FARIRWAY CIR.
WINTER HAVEN FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. BIGGAR, BETTE
PO BOX 1135
LAKE ALFRED FL 33850** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

Roland Castro Minister

(863) 956-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID FULLERTON PRES. CORPORATION