2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90036 046 ****61.25

DOCUMENT # 708660

1. Entity 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

02022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
70-8660631
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTRO, ROLAND O REV. 515 E. HAINES BLVD. LAKE ALFRED, FL 33850	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

Filing Fee is $61.25
Due by May 1, 2005

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	P FULLERTON, DAVID 225 E SWOPE STREET LAKE ALFRED, FL 33850	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FOWLER, OSCAR 173 DARTMOUTH DRIVE HAINES CITY, FL 33844	☐ 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	P CARLAND, JAMES 21 MARINA DRIVE WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAURELL, SALLY PO BOX 595 LAKE ALFRED, FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARFIELD, MARY 410 TENNIS LANE WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTRO, WARREN 4503 JACLYN'S JETTY SE WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S McGUFFEY, GAIL 101 ALACHUA DRIVE, SE WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLAND, JAMES 21 MARINA DRIVE WINTER HAVEN, FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POORMAN, WESLEY 54 TARA LANE HAINES CITY, FL 33844	☐ 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	D FULLERTON, DAVID 225 E. SWOPE STREET LAKE ALFRED, FL 33850	☒ 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: James M. Carland 3/22/05 863-299-6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #