2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 708660

Entity Name: FIRST PRESBYTERIAN CHURCH OF LAKE ALFRED, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

515 E. HAINES BLVD.
LAKE ALFRED, FL 33850

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 1107
LAKE ALFRED, FL 33850

FEI Number: 59-2349295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTRO, ROLAND O REV.
515 E. HAINES BLVD.
P O BOX 1107
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SHOLAR, WILLIAM
Address: 192 S. FAIRWAY
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: HUTCHINSON, GAIL
Address: 620 N. PENNSYLVANIA AVE- PO BOX 1000
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete
Name: BIGGAR, BETTE
Address: 115 S. LAKE SHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

Title: S ( ) Delete
Name: MCGUFFEY, GAIL
Address: 101 ALACHUA DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD ( ) Delete
Name: POORMAN, WESLEY
Address: 54 TARA LN
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete
Name: CONVERSE, ROSALIE
Address: 630 E. SANFORD ST.
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHOLAR, WILLIAM
Address: 192 S. FAIRWAY
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD (X) Change ( ) Addition
Name: HUTCHINSON, GAIL
Address: 620 N. PENNSYLVANIA AVE- PO BOX 1000
City-St-Zip: LAKE ALFRED, FL 33850

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: THOMAS, ORRIN
Address: 535 ROCHELLE DR. N.
City-St-Zip: LAKE ALFRED, FL 33850

Title: D (X) Change ( ) Addition
Name: POORMAN, WESLEY
Address: 54 TARA LN
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change ( ) Addition
Name: BIEBER, GLADYS
Address: 329 PUTTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND O. CASTRO REV 04/30/2008
Electronic Signature of Signing Officer or Director — Date