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

Mar 31, 2004 8:00 am **Secretary of State** DOCUMENT # 709680 1. Entity Name 03-31-2004 90038 048 ****61.25 FORT CAROLINE PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 3754 UNIVERSITY CLUB BLVD. 3754 UNIVERSITY CLUB BLVD. JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-0709680 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS JUDITH MOORES, MARTHA Street Address (P.O. Box Number is Not Acceptable) 11139 SAILPOINT LN JACKSONVILLE FL 32225 > CHANGE WINDING BRIDGE Zip Code JACKSONVILLE 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 03/28/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE S \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition PICKHARDT, ROBERT NAME NAME 4019 FIRCANNON RUN W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-ZIP CITY-ST-ZIP VCD TITLE Delete TITLE VCD ☐ Change **Addition** GAFF, JIM NAME BARRON, KARL 3532 BRAN COURT, EAST NAME 5420 CLIFTON RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILE, FL 32277 TITLE Delete TITLE ☐ Change **Addition** DAVIS, WENDY UDSTILL, RICHARD NAME NAME 4111 WESTLOOP LN 3463 SIMCA DRIVE, WEST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32277 CITY-ST-7IP CITY-ST-ZIP JACKSONIALE, FL 32277 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME

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 ROBERT PICKHURDT SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-7IP

FILED