




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90084 038 \*\*\*\*70.00

<b>DOCUMENT # 711003</b> 1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF LEHIGH ACRES, INC.</b>					
Principal Place of Business <b>60 BELL BLVD N. LEHIGH ACRES, FL 33936</b>			Mailing Address <b>60 BELL BLVD N. LEHIGH ACRES, FL 33936</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2383958</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BENDER, EMILY 303 DARTMOUTH AVE LEHIGH ACRES, FL 33936</b>				7. Name and Address of New Registered Agent Name <b>Edward Bishop</b> Street Address (P.O. Box Number is Not Acceptable)  <b>9813 Maplecrest Circle</b> City <b>Lehigh Acres</b> <b>FL</b> Zip Code <b>33936</b>	
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 		<b>Edward Bishop, Secretary</b> <b>March 21, 2007</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TREXLER, BETTY J 318 LK AVE LEHIGH ACRES, FL 33972</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BENDER, EMILY 303 DARTMOUTH DR LEHIGH ACRES, FL 33936</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD EMBER, JEAN 9832 MAPLECREST CIRCLE LEHIGH ACRES, FL 33972</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ELPHINSTONE, DAVID 544 FOXCREEK DR. LEHIGH ACRES, FL 33936</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 		<b>3-21-07</b>		<b>239-368-6800</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	