


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 711003 1. Entity Name FIRST PRESBYTERIAN CHURCH OF LEHIGH ACRES, INC. |  |
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| Principal Place of Business 60 BELL BLVD N. LEHIGH ACRES, FL 33936 | Mailing Address 60 BELL BLVD N. LEHIGH ACRES, FL 33936 |
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2383958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BISHOP, EDWARD
9813 MAPLECREST CIRCLE
LEHIGH ACRES, FL 33936

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TREXLER, BETTY J 318 LK AVE LEHIGH ACRES, FL 33972 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EMBER, JEAN 9832 MAPLECREST CIRCLE LEHIGH ACRES, FL 33972 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ELPHINSTONE, DAVID 544 FOXCREAK DR. LEHIGH ACRES, FL 33936 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BISHOP, EDWARD 9813 MAPLECREST CIRCLE LEHIGH ACRES, FL 33936 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/27/08-80067-005 61.25

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IN THIS SPACE**

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.

SIGNATURE: Betty Jane Trexler 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #