

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711003

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF LEHIGH ACRES, INC.

**Current Principal Place of Business:**

60 BELL BLVD N.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

60 BELL BLVD N.  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

60 BELL BLVD N.  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

60 BELL BLVD N.  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 59-2383958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISHOP, EDWARD  
9813 MAPLECREST CIRCLE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TREXLER, BETTY J  
Address: 318 LK AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VD ( ) Delete  
Name: EMBER, JEAN  
Address: 9832 MAPLECREST CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: TD ( ) Delete  
Name: ELPHINSTONE, DAVID  
Address: 544 FOXCREEK DR.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD ( ) Delete  
Name: BISHOP, EDWARD  
Address: 9813 MAPLECREST CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TREXLER, BETTY J  
Address: 318 LAKE AVE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VD (X) Change ( ) Addition  
Name: VODEV, ESTELLA  
Address: 315 WELLINGTON AVE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: TD (X) Change ( ) Addition  
Name: ELPHINSTONE, DAVID  
Address: 544 FOXCREEK DR.  
City-St-Zip: LEHIGH ACRES, FL 33974 US

Title: SD (X) Change ( ) Addition  
Name: BISHOP, EDWARD  
Address: 9813 MAPLECREST CIRCLE  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: BETTY JANE TREXLER

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date