

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713472**

1. Entity Name  
**THE FIRST PRESBYTERIAN CHURCH OF PALATKA, INC.**



Principal Place of Business  
 123 SOUTH 2ND STREET  
 PALATKA, FL 32177-4706

Mailing Address  
 123 SOUTH 2ND STREET  
 PALATKA, FL 32177-4706

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP CRZE037 (11/05)

4. FEI Number  
 59-0689704

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

JONES, F. R.  
 155 W GRANDVIEW DRI  
 EAST PALATKA, FL 32131

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: T  
 NAME: GARDNER, H L, JR  
 STREET ADDRESS: 243 MORITANI  
 CITY-ST-ZIP: EAST PALATKA, FL 32131

TITLE: T  
 NAME: JONES, F. R.  
 STREET ADDRESS: 155 W GRANDVIEW DR  
 CITY-ST-ZIP: EAST PALATKA, FL 32131

TITLE: T  
 NAME: MOTES, C. L.  
 STREET ADDRESS: 109 ST JOHNS BLVD  
 CITY-ST-ZIP: EAST PALATKA, FL 32131

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

1100000434749  
 02/25/06-80015-001 61.25

**DO NOT WRITE 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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

Date Daytime Phone #