


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

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90042 050 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-0689704**

Applied For  
 Not Applicable

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

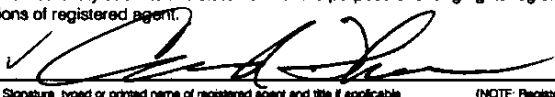
**6. Name and Address of Current Registered Agent**

**MYERS, VERNON  
 2500 FAIRWAY AVENUE  
 PALATKA, FL 32177**

**7. Name and Address of New Registered Agent**

Name Connie Thomas  
 Street Address (P.O. Box Number is Not Acceptable)  
100 OAK ROAD  
 City EAST PALATKA FL Zip Code 32131

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  DATE 01/28/08

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME           | STREET ADDRESS      | CITY-ST-ZIP         | <input type="checkbox"/> Delete     |
|-------|----------------|---------------------|---------------------|-------------------------------------|
| T     | BEALE, DICK    | 154 CROSBY ROAD     | SAN MATEO, FL 32187 | <input checked="" type="checkbox"/> |
| T     | MCGURK, BRIAN  | 112 OAKDALE AVENUE  | PALATKA, FL 32177   | <input checked="" type="checkbox"/> |
| T     | MEYERS, VERNON | 2500 FAIRWAY AVENUE | PALATKA, FL 32177   | <input checked="" type="checkbox"/> |
|       |                |                     |                     | <input type="checkbox"/>            |
|       |                |                     |                     | <input type="checkbox"/>            |
|       |                |                     |                     | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME          | STREET ADDRESS    | CITY-ST-ZIP            | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|---------------|-------------------|------------------------|-------------------------------------|-----------------------------------|
| T     | CONNIE THOMAS | 100 OAK ROAD      | EAST PALATKA FL 32131  | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
| T     | BOB HARTWIG   | 543 W. RIVER ROAD | PALATKA, FL 32177      | <input type="checkbox"/>            | <input type="checkbox"/>          |
| T     | BROAD SLOAN   | 129 WALTON ROAD   | EAST PALATKA, FL 32131 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |               |                   |                        | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                   |                        | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                   |                        | <input type="checkbox"/>            | <input type="checkbox"/>          |

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:  DATE 01/28/08 DAYTIME PHONE # 386-328-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR