

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90037 038 \*\*\*\*61.25

**DOCUMENT # 714987**

1. Corporation Name

**FIRST PRESBYTERIAN CHURCH OF PORT RICHEY, INC.**

Principal Place of Business

7540 RIDGE RD  
PORT RICHEY FL 34668

Mailing Address

7540 RIDGE RD  
PORT RICHEY FL 34668

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DAVIS, SCOTT  
8645 PAMPA WAY  
PORT RICHEY FL 34668

3. Date Incorporated or Qualified

07/23/1968

4. FEI Number

59-1638754

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

81 Name **MRS. WILLIAM KIRKPATRICK (MILDRED)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4522 RICKOVER CT.**  
83 **NEW PORT RICHEY.**  
84 City **FL** 85 Zip Code **34652**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*William Kirkpatrick*

(NOTE: Registered Agent signature required when reinstating)

1/31/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEBSTER, KENNON	
STREET ADDRESS	7530 NEBRASKA AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGEE, ED	
STREET ADDRESS	6232 BAYSIDE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, SCOTT	
STREET ADDRESS	8645 PAMPA WAY	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEMPF, ROBERT	
STREET ADDRESS	8105 BULL RUN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		MR. HAROLD WESTRAT	
1.3 STREET ADDRESS		944 STONEHALL LANE	
1.4 CITY-ST-ZIP		NEW PORT RICHEY, FL 34653	
2.1 TITLE	TR	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		MRS. ANGELO PALMASE (MARTHA)	
2.3 STREET ADDRESS		9211 GLEN MOOR LN.	
2.4 CITY-ST-ZIP		PORT RICHEY, FL 34668	
3.1 TITLE	CLERK OF SESSION		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		MRS. WILLIAM KIRKPATRICK (MILDRED)	
3.3 STREET ADDRESS		4522 RICKOVER CT.	
3.4 CITY-ST-ZIP		NEW PORT RICHEY, FL 34652	
4.1 TITLE	TR	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		MRS. JEAN HOOPES	
4.3 STREET ADDRESS		8429 SUN DR.	
4.4 CITY-ST-ZIP		PORT RICHEY, FL 34668	
5.1 TITLE	TRP	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		MRS. DOROTHY V. LEATHERBERRY	
5.3 STREET ADDRESS		6320 TOWER DR	
5.4 CITY-ST-ZIP		HUDSON, FL 34667	
6.1 TITLE	V. TRUSTEE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		MR. ROBERT KEMPF	
6.3 STREET ADDRESS		8105 BULL RUN DR	
6.4 CITY-ST-ZIP		NEW PORT RICHEY, FL 34653	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dorothy V. Leatherberry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY V. LEATHERBERRY  
1/31/99 (922) 868-6002

CR2E037 (11/98)

0071673

253901-90031-50  
714987

# 1999 TRUSTEE & OFFICERS

FIRST PRESBYTERIAN CHURCH PORT RICHEY  
7540 RIDGE ROAD  
PORT RICHEY, FL 34668

## DELETE:

MR. KENNON WEBSTER - PD

MR. SCOT DAVIS - SD

## ADD:

77(11) MRS. WILLIAM KIRK PATRICK - CLERK OF SESSION  
REGISTERED AGENT

12/12 MS. DOLOTHY V. LEATHERBERRY - PRES. of CORPORATION  
TRUSTEE

MR. ROBERT KEMPF. V.P. of CORPORATION. TRUSTEE

MR. HAROLD WESTRATE - TRUSTEE - TREAS CORPORATION

MRS. ANGELO PALMERSE - TRUSTEE, SECRETARY

MRS. CHARLES HOOPE - TRUSTEE

MR. EDWIN MCCREE - TRUSTEE