


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 719616	
1. Entity Name PRESBYTERIAN CHURCH OF SEBRING, INC.	

Principal Place of Business 319 POINSETTIA AVE SEBRING, FL 33870	Mailing Address 319 POINSETTIA AVE SEBRING, FL 33870
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07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0774185	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 PEER, DARRELL A 319 POINSETTIA AVE SEBRING, FL 33870
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**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 DARRELL A. PEER 7/2/04
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 September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	TPD
NAME	BAILEY, JOSEPH
STREET ADDRESS	9120 CR 17 SOUTH
CITY - ST - ZIP	SEBRING, FL 33876
TITLE	TR
NAME	WALTERS, JAMES E
STREET ADDRESS	3516 SUNRISE DRIVE
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	VTR
NAME	VICKERS, ROBERT L
STREET ADDRESS	1228 STENEWAHEE AVE
CITY - ST - ZIP	SEBRING, FL
TITLE	TRS
NAME	SCARPATI, AL
STREET ADDRESS	2321 N.W. LAKEVIEW DR.
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	T
NAME	NEWLAND, FRANCES
STREET ADDRESS	3317 MARYLAND AVE
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000163978
07/07/04-80026-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: FRANCES B NEWLAND 7/2/04 (863) 385-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #