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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthagen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724718 (2)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF SANFORD, FL., INC.



Principal Place of Business: 301 OAK AVE, SANFORD FL 32771
Mailing Address: 301 OAK AVE, SANFORD FL 32771-1823

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	11/03/1972	02/07/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-0737881	Not Applicable
Zip		Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
Country		Country		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWEETING, DR. LURLENE 400 PINE AVE SANFORD FL 32771				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, 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: *Lurlene Sweeting*
Signature of principal or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T BRUMLEY, JOHN, SR 2000 PALMETTO AVE SANFORD, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C HUNTER, ROBERT 3730 KENTUCKY ST SANFORD FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D PAUL, CLAIRE 1200 RHINEHART RD. SANFORD FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D POPE, LEWIS A 209 BRYNWOOD LANE SANFORD FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WOODRUFF, ARTHUR 214 SUMMERLIN AVE SANFORD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SWEETING, LURLENE 400 PINE AVE SANFORD FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D Horace Paul
STREET ADDRESS		3.3 STREET ADDRESS	1200 Rhinehart Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sanford, Fl. 32771
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	C Kenneth Doktor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	307 Larkwood Dr. Sanford, Fl. 32771
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE: *John S. Brumley* DATE: 2-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0014551

CR2E037 (9/96)