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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
POCUMENT #

724718

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FILED
Mar 16 1998 8:00am
Secretary of State
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FIRST	PRESBYTERIAN CHURCH	OF SANFORD, FL., INC.		
Principal Plac	ce of Business	Mailing Address		i radiit 18616 iini 61911 1860 iinid 1811 Bidii 61611 Bidii 6161 Bidii 6161 6161 1861
301 OAK AVE SANFORD FL 3	32771	301 OAK AVE SANFORD FL 32771		Date Incorporated or Qualified 11/03/1972
1				4. FEI Number Applied For
				59-0737881 Not Applicate
21	Place of Business	2e. Mailing Address		5. Certificate of Status Desired Sectional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & Stat	9	City & State		7. Is this nonprofit corporation a homeowners association?
23	Country	28 7in	Country	☐ Yes ☐ No
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 25 Name and Address of Curre		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	
SWEETH	NG, DR. LURLENE		99 Chart Add	(DO De Namballa Nat Assessable)
400 PIN			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
	RD FL 32771		83	
			84 City	AFI 7:- Oodo
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its registere
office of r	registered agent or both, in the State im familiar with and accept the oblig	e of Fiorida. Such change was at jations of Section £17.0503, Flor	itnorized by the corpora ida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Juntene M	MULLINA		
	Signature typod or printed name of registered ag		Registered Agent signature requi	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRIMERY IOUR OR	DELETE	1.1 TITLE	Change Addition
NAME	BRUMLEY, JOHN, SR		1.2 NAME	
STREET ADDRESS	2000 PALMETTO AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SANFORD, FL 00000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, ROBERT	C. DECETE	i	Condings C Automit
STREET ADDRESS	3730 KENTUCY ST		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		` I	
TITLE	D	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, HORACE		3.2 NAME	
STREET ADDRESS	1200 RHINEHART RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	. 1	3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	
NAME	POPE, LEWIS A	7\	4.2 NAME G	eorge Weld
STREET ADDRESS	209 BRYNWOOD LANE		4.3 STREET ADDRESS 💪	OO EAST 20TH ST.
CITY-ST-ZIP	SANFORD FL			ANFORD, FL. 33771
TITLE	C	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOKTOR, KENNETH		5.2 NAME	
STREET ADDRESS	307 LARKWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP	
TITLE	S	DELETE	6.1 TITLE	Change Addition
NAME	SWEETING, LURLENE		6.2 NAME	
STREET ADDRESS	400 PINE AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filling 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 attrichment with an address.

SIGNATURE:

John S. Brumland