

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 016 ****61.25

DOCUMENT # 724718
1. Entity Name
**FIRST PRESBYTERIAN CHURCH OF SANFORD, FL.,
INC.**



Principal Place of Business Mailing Address
**301 OAK AVE 301 OAK AVE
SANFORD FL 32771 SANFORD FL 32771**

94016376



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-0737881** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**DOKTOR, KEN
307 LARKNOO DR.
SANFORD FL 32771**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: *Kenneth R Doktor* DATE: **2/11/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	T MATSUBARA, LENORE	<input type="checkbox"/> Delete
STREET ADDRESS	802 BUCKIE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE NAME	D MILSOM, SCOTT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	111 BRIARWOOD DR.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE NAME	D HUNTER, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	3730 KENTUCKY AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE NAME	D LEIGH, CHERYL	<input type="checkbox"/> Delete
STREET ADDRESS	320 W. LAKEVIEW AVE.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE NAME	C ROTTINGHAMS, BRENDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	301 BORADA RD.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE NAME	S AAGAARD, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	976 SEMINOLE RD.	
CITY-ST-ZIP	OSTEEN FL 32764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V BOB HUNTER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3730 KENTUCKY AVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE NAME	S KEN DOKTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	307 LARKWOOD DR.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE NAME	T SANDY COOPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4247 SHADES CREST LANE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE NAME	P LENORE MATSUBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	802 BUCKIE DR.	
CITY-ST-ZIP	WINTER SPRES, FL 32708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kenneth R Doktor* DATE: **2/11/04** DAYTIME PHONE #: **407-322-2662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR