

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724718

FILED
Feb 26, 2008
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF SANFORD, FL., INC.

Current Principal Place of Business:

301 OAK AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

301 OAK AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-0737881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOKTOR, KEN
307 LARKWOOD DR.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEIDIGH, CHERYL
Address: 320 WEST LAKEVIEW DR
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: DOKTOR, KEN
Address: 307 LARKWOOD DR
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: WELD, GEORGE
Address: 600 WEST 20TH ST.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: COPELAND, MARTY
Address: 400 W. 24TH ST.
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: COOPER, SANDY
Address: 4247 SHADES CREST LANE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: AAGAARD, DENNIS
Address: 103 ELLIOTT AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL LEIDIGH

P

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date