


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 725374

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF APOPKA, FLORIDA, INC.



Principal Place of Business Mailing Address

500 S. HIGHLAND STREET **500 S. HIGHLAND STREET**
APOPKA, FL 32703 **APOPKA, FL 32703**



DO NOT WRITE IN THIS SPACE

03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1523929 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROGER A.
138 N. CENTRAL AVENUE
APOPKA, FL 32703

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: *Roger A Williams* DATE: **3/13/05**

Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LAND, JOHN
STREET ADDRESS	525 S ALABAMA AVE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SD
NAME	WILLIAMS, ROGER A.
STREET ADDRESS	138 N. CENTRAL AVE.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	T
NAME	USTLER, NORMAN L
STREET ADDRESS	234 W MAGNOLIA ST
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000265453
 03/16/05 80058-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John H Land* DATE: **3/11/05** (407) 703-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John H Land **3/11/05**