

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 038 ****61.25

DOCUMENT # 725374

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



Principal Place of Business
**500 S. HIGHLAND STREET
 APOPKA, FL 32703**

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



02042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	T
NAME	ROBERT L. BURQUEST
STREET ADDRESS	346 N. CARNATION CT.
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **John H Land** 2/4/06 (407) 703-1703

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