2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 725374

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

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

DO NOT WRITE IN THIS SPACE

01252007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-1523929	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

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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_____

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

Filing Fee is $61.25
Due by May 1, 2007

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 ALABANA 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	BURGUST, ROBERT L
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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07--80076-012 61.25

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: _____   Treasurer   1/29/07   407-886-3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #