


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 035 ****61.25

DOCUMENT # 725374			
1. Entity Name FIRST PRESBYTERIAN CHURCH OF APOPKA, FLORIDA, INC.		Mailing Address 500 S. HIGHLAND STREET APOPKA, FL 32703	
Principal Place of Business 500 S. HIGHLAND STREET APOPKA, FL 32703		Mailing Address 500 S. HIGHLAND STREET APOPKA, FL 32703	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, ROGER A. 138 N. CENTRAL AVENUE APOPKA, FL 32703		Name <i>Robbie Roberson</i> Street Address (P.O. Box Number is Not Acceptable) <i>6923 Oswego Dr</i> City <i>Mt Dora</i> FL Zip Code <i>32757</i>	
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 <i>Robert A. Roberson</i> Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAND, JOHN 525 S ALABAMA AVE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, ROGER A. 138 N. CENTRAL AVE. APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SO</i> Robbie Roberson <i>6923 Oswego Dr</i> <i>Mt Dora, FL 32757</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGUST, ROBERT L 346 N. CARNATION CT APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> Bobby Heard <i>1209 Woodstock Rd</i> <i>Apopka, FL 32703</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Robert A. Roberson</i>		SIGNATURE: <i>Robert A. Roberson</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>3-16-08</i> Daytime Phone # <i>352-735-5594</i>	

40053490



01292008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1523929 Applied For Not Applicable

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

Name *Robbie Roberson*
 Street Address (P.O. Box Number is Not Acceptable)
6923 Oswego Dr
 City *Mt Dora* FL Zip Code *32757*

SIGNATURE *Robert A. Roberson*
 Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008

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SIGNATURE: *Robert A. Roberson* SIGNATURE: *Robert A. Roberson* DATE *3-16-08* Daytime Phone # *352-735-5594*