## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725518 (5)

## THE NEW PHILADELPHIA PRESBYTERIAN CHURCH INC

Principal Plac 726 S ADAMS S QUINCY FL 3230 US	ST .	Mailing Address PO BOX 344 QUINCY FL 32353-0344 US	PO BOX 344 QUINCY FL 32353-0344			
		••		3. Date Incorporated or Qualified 02/12/1973	3a. Date of Last Report 04/12/1996	
2. Principal Place of Business		26. Mailing Address	<u></u>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional	
22		27	27		Fee Required	
City & Stat	6	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29 3	0]		Yes No	
<b></b>	9. Name and Address of C	Jurrent Hegistered Agent	81 Name	10. Name and Address of New Re	Jistered Agent	
501000	- 44 - A		oi ivame	Leslie Brunson		
PINSON, DAVID C				ddress (P.O. Box Number is Not Acceptab	le)	
503 BELLAMY DRIVE   QUINCY FL 32351			83 /01	Misset inet Dr.		
CONCI	FL 32331					
:			84 City	incy	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 61	17.0502 and 617.1508, Florida Statutes	, the above-named c	orporation submits this statement for the p		
office or r	registered agent, or both, in the im familiar with, and accept the	<ul> <li>State of Florida. Such change was aut obligations of Section 617,0503. Florid</li> </ul>	thorized by the corpo da Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	t the appointment as registered	
SIGNATURE	Ledis Bruson	ا ا ا ا ا ا ا	500	Treasures)	7-20-57	
	Signature, typod or printed name of registr	ored agent and title if applicable (NOTE: F	Registered Agent signature re	equired when reinstating)	DATE	
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	SD same	☐ DELETE	1.1 TITLE	Secretary of +	☐ Change ☐ Addition	
NAME	STEWART, ROBERT		1.2 NAME	Rabell Stewart		
STREET ADDRESS	246 DUPONT ST		1.3 STREET ADDRESS	24 Rupont Ane.	_	
CITY-ST-ZIP	QUINCY FL	DELETE	1.4 CITY-ST-ZIP	Oliney Ela. 3285	Chance Disastina	
TITLE	PD	L DELETE	2.1 TITLE	0 1/	Change Addition	
NAME	GILBERT, JIM ED		2.2 NAME			
STREET ADDRESS	ROUTE 6 BOX, 378		2.3 STREET ADDRESS			
TITLE	TD FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	BRUNSON, LESLIE	المام	3.2 NAME		- Change - Addition	
STREET ADDRESS	101 N BETUNET		3.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL		3.4. CITY-ST-ZIP			
TITLE	VD	DELETE	4.1 TITLE		Change Addition	
NAME	QUINTON, PAUL	_ :	4. 2 NAME			
STREET ADDRESS	1007 BELLAMY DR		4.3 STREET ADDRESS			
CITY - ST - ZIP	QUINCY FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	127,	Change Addition	
NAME			5 2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: