

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726765

FILED
Jan 09, 2004
Secretary of State

Entity Name: FAITH PRESBYTERIAN CHURCH OF WAUCHULA, FLORIDA, INC.

Current Principal Place of Business:

114 N. 7TH AVE.
P.O. BOX 1480
WAUCHULA, FL 338732602

New Principal Place of Business:

Current Mailing Address:

114 N. 7TH AVE.
P.O. BOX 1480
WAUCHULA, FL 338732602

New Mailing Address:

FEI Number: 59-1590292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, BEN
3204 WHIPPOORWILL LANE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

JONES, ROBERT
8031 STATE RD 64 EAST
ZOLFO SPRINGS, FL 33890 US

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.

SIGNATURE: ROBERT JONES

01/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: NORRIS, BEN
Address: 3204 WHIPPOORWILL LANE
City-St-Zip: WAUCHULA, FL 33873

Title: VPD () Delete
Name: DRISKELL, BRENT
Address: 108 INGLIS WY
City-St-Zip: WAUCHULA, FL 33873

Title: PD () Delete
Name: DASHER, RICHARD F
Address: 3427 HAMPTON ROAD
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: JONES, ROBERT
Address: 8031 STATE RD 64 EAST
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DRISKELL, BRENT
Address: 108 INGLIS WAY
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JONES

STD

01/09/2004

Electronic Signature of Signing Officer or Director

Date