2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 728537

Entity Name: FIRST PRESBYTERIAN CHURCH, ASSOCIATE REFORMED SYNOD, INCORPORATED OF AVON PARK, FLORIDA

Current Principal Place of Business:

215 EAST CIRCLE
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1326
AVON PARK, FL 338261326 US

New Mailing Address:

FEI Number: 23-7109144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, DAVID
2101 BAYSIDE DRIVE
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, DAVID
Address: 3031 OAK HILL DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: T ( ) Delete
Name: GOBERT, ROBERT
Address: 2780 E. WATERVIEW DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: MCENDREE, EUGENE
Address: 2131 LAKEVIEW DRIVE, APT. 910
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: SCRANTON, ROBERT
Address: 1988 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: DS ( ) Delete
Name: THOMPSON, DAVID
Address: 2101 BAYSIDE DR
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: QUIST, CHESTER D
Address: 9 W. RAYMOND ST.
City-St-Zip: AVON PARK, FL 33825

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID THOMPSON DS 04/16/2009

Electronic Signature of Signing Officer or Director Date