2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 734778

1. Entity Name
THE FIRST UNITED PRESBYTERIAN CHURCH OF EUSTIS, FLORIDA

Principal Place of Business	Mailing Address
117 SOUTH CENTER ST EUSTIS, FL 32726 US	117 SOUTH CENTER ST EUSTIS, FL 32726 US

02282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0806973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, GAIL
3845 GOOSE CREEK ROAD
LEESBURG, FL 34788

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000656199
03/14/07-00015-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABBOTT, LARRY
STREET ADDRESS	35448 FOX RUN CIR.
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	SD
NAME	BOYD, GAIL
STREET ADDRESS	3845 GOOSE CREEK ROAD
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	TD
NAME	ROYCE, CYNTHIA
STREET ADDRESS	2930 WESTGATE DR.
CITY-ST-ZIP	EUSTIS, FL 32726
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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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: Cynthia Royce, Cynthia Royce, Treasurer, 3/1/07 352-357-2833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #