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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:06

DOCUMENT # 735381 (6)

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH - NICEVILLE, INC.

Principal Place of Business	Mailing Address
1800 JOHN SIMS PKWY NICEVILLE FL 32578	1800 JOHN SIMS PKWY NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1976
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1564822 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒	$68.75 *Supplemental* Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SWAIN, MICHAEL
4557 NORTHRIDGE PL
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael Swain Michael Swain 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, REGGIE	1.2 NAME	
STREET ADDRESS	P.O. BOX 721 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ROELOFS, EVAN	2.2 NAME	JOHNSON, FLOYD
STREET ADDRESS	716 ST. ROSE COVE	2.3 STREET ADDRESS	2509 EDGEWATER DRIVE
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	JONES, ROBERT	3.2 NAME	SANDER, RICHARD
STREET ADDRESS	710 PUTTER DRIVE	3.3 STREET ADDRESS	19 PEMBROKE CT.
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, DOUGLAS C	4.2 NAME	
STREET ADDRESS	2418 ROBERTS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BURNET, ROBERT	5.2 NAME	DROPPED
STREET ADDRESS	707 ST ROSE COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	GERRY, RON	6.2 NAME	GERREY, RON
STREET ADDRESS	205 OAKWOOD CIR	6.3 STREET ADDRESS	205 OAKWOOD CIR
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	NICEVILLE, FL 32578

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Reginald Lewis J. REGINALD LEWIS 2-26-95 (904) 678-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079479