

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735381 (6)  
1. Corporation Name  
**THE FIRST PRESBYTERIAN CHURCH - NICEVILLE, INC.**



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

3. Date Incorporated or Qualified: 03/25/1976  
3a. Date of Last Report: 03/09/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1564822	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAIN, MICHAEL  
4557 NORTHRIDGE PL  
NICEVILLE FL 32578

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Michael Swain Michael Swain 2/20/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LEWIS, REGGIE P.O. BOX 721 N/A NICEVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE D BURNET, ROBERT 707 St. ROSE COVE NICEVILLE, FL 32578
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
TITLE	D JOHNSON, FLOYD 2509 EDGEWATER DRIVE NICEVILLE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME			2.1 TITLE D JONES, ROBERT 710 PUTTER DRIVE NICEVILLE, FL 32578
STREET ADDRESS			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			2.2 NAME
TITLE	D SANDER, RICHARD 19 PEMBROKE COURT NICEVILLE FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME			2.4 CITY-ST-ZIP
STREET ADDRESS			3.1 TITLE D WILSON, ROBERT 266 MISSISSIPPI AVENUE VALPARAISO, FL 32580
CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DS MYERS, DOUGLAS C 2418 ROBERTS DR NICEVILLE FL	<input type="checkbox"/> DELETE	3.2 NAME
NAME			3.3 STREET ADDRESS
STREET ADDRESS			3.4 CITY-ST-ZIP
CITY-ST-ZIP			4.1 TITLE D KANE, VINCE 604 REGATTA DRIVE NICEVILLE, FL 32578
TITLE	D GERRY, RON 205 OAKWOOD CIR NICEVILLE FL	<input checked="" type="checkbox"/> DELETE	4.2 NAME
NAME			4.3 STREET ADDRESS
STREET ADDRESS			4.4 CITY-ST-ZIP
CITY-ST-ZIP			5.1 TITLE D GERBER, JAMES 810 MAGNOLIA SHORES DRIVE NICEVILLE, FL 32578
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
NAME			5.3 STREET ADDRESS
STREET ADDRESS			5.4 CITY-ST-ZIP
CITY-ST-ZIP			6.1 TITLE D REILLY, NEIL 3 MARINA COVE NICEVILLE, FL 32578
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
NAME			6.3 STREET ADDRESS
STREET ADDRESS			6.4 CITY-ST-ZIP
CITY-ST-ZIP			

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)(k), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 21 FEB 96 (904) 882-9435  
Date Daytime Phone #

CFR2037 (12/95)