


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

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735381 (6)**

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



Principal Place of Business <b>1800 JOHN SIMS PKWY NICEVILLE FL 32578</b>	Mailing Address <b>1800 JOHN SIMS PKWY NICEVILLE FL 32578</b>
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3. Date Incorporated or Qualified <b>03/25/1976</b>		
4. FEI Number <b>59-1564822</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, REGGIE</b>	1.2 NAME	<b>Burnet, Robert</b>
STREET ADDRESS	<b>P.O. BOX 721 N/A</b>	1.3 STREET ADDRESS	<b>707 St. Rose Cove</b>
CITY-ST-ZIP	<b>NICEVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Niceville, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, FLOYD</b>	2.2 NAME	<b>D Jones, Robert</b>
STREET ADDRESS	<b>2509 EDGEWATER DRIVE</b>	2.3 STREET ADDRESS	<b>710 Putter Dr.</b>
CITY-ST-ZIP	<b>NICEVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Niceville, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDER, RICHARD</b>	3.2 NAME	<b>Pellnitz, Bruce</b>
STREET ADDRESS	<b>19 PEMBROKE COURT</b>	3.3 STREET ADDRESS	<b>5 Southwind Ct.</b>
CITY-ST-ZIP	<b>NICEVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Niceville, FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANE, VINCENT</b>	4.2 NAME	
STREET ADDRESS	<b>604 REGATTA DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERBER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>810 MAGNOLIA SHORES DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, NEIL</b>	6.2 NAME	
STREET ADDRESS	<b>3 MARINA COVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: \_\_\_\_\_ DATE: **1/22/97**

CP2E037 (10/97)