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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

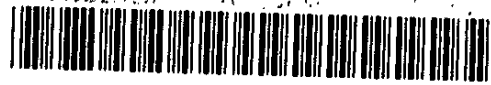
DOCUMENT # 735381

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH - NICEVILLE, INC.

Principal Place of Business  
1800 JOHN SIMS PKWY  
NICEVILLE FL 32578

Disc Mailing Address  
1800 JOHN SIMS PKWY  
NICEVILLE FL 32578



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/25/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1564822
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_  
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	NAME	1.1 TITLE	DATE
DP	LEWIS, REGGIE P.O. BOX 721 N/A NICEVILLE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	JONES, ROBERT 710 PUTTER DR NICEVILLE FL	1.3 STREET ADDRESS	
D	SANDER, RICHARD 19 PEMBROKE COURT NICEVILLE FL	1.4 CITY-ST-ZIP	
DS	KANE, VINCENT 604 REGATTA DR NICEVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GERBER, JAMES 810 MAGNOLIA SHORES DRIVE NICEVILLE FL	2.2 NAME	
D	REILLY, NEIL 3 MARINA COVE NICEVILLE FL 32578	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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, with all other like empowered.

SIGNATURE: Vincent Kane, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/17/1999 (850) 678-2521

CR2E037 (11/98)