

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 736961 (4)
1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF ARCADIA, FLORID A



| | |
|--|--|
| Principal Place of Business 10 EAST OAK STREET P O DRAWER 592 ARCADIA FL 33821 | Mailing Address 10 EAST OAK STREET P O DRAWER 592 ARCADIA FL 33821 |
|--|--|

3. Date incorporated or Qualified
10/04/1976

4. FEI Number
59-1447780

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country 29 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HOLLOMAN, DAVID C.
10 EAST OAK STREET
ARCADIA FL**

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 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 | |
|---|--|
| TITLE SD | <input checked="" type="checkbox"/> DELETE |
| NAME PREVATT, HEATHER | |
| STREET ADDRESS % 10 EAST OAK STREET | |
| CITY-ST-ZIP ARCADIA FL | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME MURDEN, ALBERT | |
| STREET ADDRESS C/O 10 E OAK ST | |
| CITY-ST-ZIP ARCADIA, FL 00000 | |
| TITLE VD | <input type="checkbox"/> DELETE |
| NAME PEACOCK, BILL | |
| STREET ADDRESS % 10 EAST OAK STREET | |
| CITY-ST-ZIP ARCADIA FL | |
| TITLE PDC | <input checked="" type="checkbox"/> DELETE |
| NAME KNOCHE, DON | |
| STREET ADDRESS % 10 EAST OAK STREET | |
| CITY-ST-ZIP ARCADIA FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Sheila Knoche | |
| 1.3 STREET ADDRESS c/o 10 East Oak Street | |
| 1.4 CITY-ST-ZIP Arcadia, FL 34266 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 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 PDC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME Judy Kirkpatrick | |
| 4.3 STREET ADDRESS c/o 10 East Oak Street | |
| 4.4 CITY-ST-ZIP Arcadia, FL 34266 | |
| 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.

SIGNATURE: *Albert D. Murden, Jr.* Treasurer 2/11/93 941-494-4434

CR2E037 (10/97)