

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 # **741800**

(7)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH



Principal Place of Business

**1780 HARTMAN ROAD
FT PIERCE FL 34947**

Mailing Address

**1780 HARTMAN ROAD
FT PIERCE FL 34947**

3. Date Incorporated or Qualified

02/23/1978

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0774183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHENS, LAURIE
1518 CORTEZ BLVD.
FT. PIERCE FL 34982**

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

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 '92

TITLE

D

☒ DELETE

NAME
SLAY, BARBARA
STREET ADDRESS
806 SO 9TH ST
CITY-STATE-ZIP
FT. PIERCE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

DAVID SEVIER
2507 Chesterfield DR.
FT. PIERCE, FL 34982

☐ Change

☒ Addition

TITLE

D

☒ DELETE

NAME
HAYNES, LOUIS I 111
STREET ADDRESS
1014 TRINIDAD AVENUE
CITY-STATE-ZIP
FT. PIERCE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

HAROLD HUNTER
4806 LAKEWOOD Park Dr.
Ft. Pierce, FL 34951

☐ Change

☒ Addition

TITLE

D

☐ DELETE

NAME
BRYAN, BEN L. JR.
STREET ADDRESS
2521 SO INDIAN RIVER DR
CITY-STATE-ZIP
FT. PIERCE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME
RICE, JAMES A
STREET ADDRESS
2521 NO INDIAN RIVER DRIVE
CITY-STATE-ZIP
FT. PIERCE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME
BANKSTON, BURT
STREET ADDRESS
2007 S. 30TH ST.
CITY-STATE-ZIP
FT. PIERCE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE

D

☐ DELETE

NAME
PELLERIN, ROBINA
STREET ADDRESS
5901 BUCHANAN DR.
CITY-STATE-ZIP
FT. PIERCE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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:

Robina Pellerin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)