

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741800** (7)  
1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH**



Principal Place of Business <b>1780 HARTMAN ROAD FT PIERCE FL 34947</b>	Mailing Address <b>1780 HARTMAN ROAD FT PIERCE FL 34947</b>
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3. Date Incorporated or Qualified <b>02/23/1978</b>
4. FEI Number <b>59-0774183</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" type="checkbox"/> Yes <input 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	

9. Name and Address of Current Registered Agent <b>STEPHENS, LAURIE 1518 CORTEZ BLVD. FT. PIERCE FL 34982</b>	
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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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SEVIER, DAVID</b>
STREET ADDRESS	<b>2507 CHESTERFIELD DR</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HUNTER, HAROLD</b>
STREET ADDRESS	<b>4806 LAKEWOOD PARK DR</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRYAN, BEN L. JR.</b>
STREET ADDRESS	<b>2521 SO INDIAN RIVER DR</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICE, JAMES A</b>
STREET ADDRESS	<b>2521 NO INDIAN RIVER DRIVE</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BANKSTON, BURT</b>
STREET ADDRESS	<b>2007 S. 30TH ST.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PELLERIN, ROBINA</b>
STREET ADDRESS	<b>5901 BUCHANAN DR.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Priscilla Haynes</b>
2.3 STREET ADDRESS	<b>1014 Trinidad Ave</b>
2.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34982</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>CARL HEATON</b>
5.3 STREET ADDRESS	<b>3805 W. Undello Rd.</b>
5.4 CITY-ST-ZIP	<b>Pt. St. Lucie, FL 34953</b>
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: *Robina Pellerin* 3/24/98

CR2E037 (10/97)