04011999-90008-020-$61.25-$61.25

**FILED**
**Apr 01, 1999 8:00 am**
**Secretary of State**
04-01-1999 90008 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

370254 - 90318 - 29

**DOCUMENT # 741800**

1. Corporation Name
FIRST PRESBYTERIAN CHURCH

| Principal Place of Business | Mailing Address |
|---|---|
| 1780 HARTMAN ROAD<br>FT PIERCE FL 34947 | 1780 HARTMAN ROAD<br>FT PIERCE FL 34947 |

2. Principal Place of Business
21 1780 Hartman R
Suite, Apt. #, etc. 22
City & State 23 Ft Pierce Fl
Zip 24 34947 Country 25 St Lucie

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/23/1978

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Cheryl STONE
82 Street Address (P.O. Box Number is Not Acceptable) 1780 Hartman Rd
83
84 City Ft. Pierce FL 85 Zip Code 34947

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 Cheryl Stone DATE
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 | D | ☐ DELETE | 1.1 TITLE | Clerk of Session | ☐ Change ☑ Addition |
| NAME | SEVIER, DAVID | | 1.2 NAME | Sylvia Porter | |
| STREET ADDRESS | 2507 CHESTERFIELD DR | | 1.3 STREET ADDRESS | 927 D High Point Blvd | |
| CITY-ST-ZIP | FT PERCE FL | | 1.4 CITY-ST-ZIP | Ft Pierce FL 34982 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | Paul Bryan | ☐ Change ☑ Addition |
| NAME | HAYNES, PRICILLA | | 2.2 NAME | | |
| STREET ADDRESS | 1014 TRINIDAD AVE | | 2.3 STREET ADDRESS | 4716 Oleandy Ave | |
| CITY-ST-ZIP | FT PIERCE FL 34982 | | 2.4 CITY-ST-ZIP | Ft Pierce FL 34950 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | Dr. William B Donnahoo | ☐ Change ☑ Addition |
| NAME | RICE, JAMES A | | 3.2 NAME | | |
| STREET ADDRESS | 2521 NO INDIAN RIVER DRIVE | | 3.3 STREET ADDRESS | 809 S. Indian River Dr | |
| CITY-ST-ZIP | FT. PIERCE FL | | 3.4 CITY-ST-ZIP | Ft Pierce FL 34950 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | HEATON, CARL | | 4.2 NAME | Louis J Spracer Sr | |
| STREET ADDRESS | 380 SW UNDELLO RD | | 4.3 STREET ADDRESS | PO BX 3996 6309 Mayla Rd | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 | | 4.4 CITY-ST-ZIP | Ft Pierce FL 34948 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PELLERIN, ROBINA | | 5.2 NAME | | |
| STREET ADDRESS | 5901 BUCHANAN DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. PIERCE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:** Louis J Spracer Sr 3-10-99 561 461 7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(1/1/98).

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