

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 # **748815** (8)
1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF UMATILLA, FLORIDA



Principal Place of Business: **493 KENTUCKY AVE. P. O. BOX 407 UMATILLA FL 32784**
Mailing Address: **493 KENTUCKY AVE. P. O. BOX 407 UMATILLA FL 32784**

3. Date Incorporated or Qualified: **09/06/1979**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-1900137**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **OSBORNE, ZEBULON L. 812 N. BAY STREET EUSTIS FL 32726**
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** **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: _____ 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	PD SEABROOK, J. ELLIOTT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, J. ELLIOTT	12 NAME	
STREET ADDRESS	40742 STATE RD 19	13 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	14 CITY-ST-ZIP	
TITLE	TD SINGLETON, LLOYD O <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, LLOYD O	22 NAME	
STREET ADDRESS	19300 TWIN PONDS RD	23 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	24 CITY-ST-ZIP	
TITLE	SD SEABROOK, SUSAN <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOK, SUSAN	32 NAME	
STREET ADDRESS	40742 STATE RD. 19	33 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Lloyd Singleton* **LLOYD SINGLETON** **2/1/96** (904) 669-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)