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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

493 KENTUCKY AVE.
P. O. BOX 407
UMATILLA FL 32784

493 KENTUCKY AVE.
P. O. BOX 407
UMATILLA FL 32784-0407

3. Date Incorporated or Qualified
09/06/1979

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

B. 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

OSBORNE, ZEBULON L.
812 N. BAY STREET
EUSTIS FL 32726

81 Name
Douglas E. Hasley

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 949 43 Mebane Street

83 Umatilla

84 City
Umatilla

85 Zip Code
FL 32784-0949

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 Douglas E. Hasley Treasurer

February 2, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEABROOK, J. ELLIOTT	
STREET ADDRESS	40742 STATE RD 19	
CITY-ST-ZIP	UMATILLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SINGLETON, LLOYD O	
STREET ADDRESS	19300 TWIN PONDS RD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEABROOK, SUSAN	
STREET ADDRESS	40742 STATE RD. 19	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas E. Hasley	
1.3 STREET ADDRESS	P.O. Box 949 43 Mebane Street	
1.4 CITY-ST-ZIP	Umatilla, Florida 32784-0949	
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		<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 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 do 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: Douglas E. Hasley

January 14, 1997 352-669-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0018237

CR2E037 (9/96)