

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 # 753596 (6)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLORIDA, INC.



Principal Place of Business Mailing Address
RICHARD R. RIBBLE 1501 S.E. HWY. 19 CRYSTAL RIVER FL 32629
RICHARD R. RIBBLE 1501 S.E. HWY. 19 CRYSTAL RIVER FL 32629

3. Date Incorporated or Qualified **08/01/1980** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business 2a. Mailing Address
21 **First Presbyterian Church** 26 **1501 SE Hwy 19**
Suite, Apt. #, etc Suite, Apt. #, etc.
22 **1501 SE Hwy 19** 27
City & State City & State
23 **Crystal River, FL** 28 **Crystal River, FL**
Zip Country Zip Country
24 **34429** 25 **USA** 29 **34429** 30 **USA**

4. FEI Number **59-1002443** 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
PIKE, DONALD S.
11621 W RIVERHAVEN DR
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent
81 Name **Warren C. Young**
82 Street Address (P.O. Box Number is Not Acceptable) **5 Sweet William Ct.**
83
84 City **Homosassa** FL 85 Zip Code **34446**

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 *Warren C. Young* **Warren C. Young** 2/2/96
Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------------|--|---------------------|---|--|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KEMP, HOWARD | | 1.2 NAME | Bentley, Albert D. | | | |
| STREET ADDRESS | 5395 N ALLAMANDRA DR | | 1.3 STREET ADDRESS | 2828 W Lauren St. | | | |
| CITY - ST - ZIP | BEVERLY HILLS FL | | 1.4 CITY - ST - ZIP | Lecanto, FL 34461 | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BENTLEY, ALBERT D. J | | 2.2 NAME | George McElvy | | | |
| STREET ADDRESS | 2828 W. LAUREEN ST. | | 2.3 STREET ADDRESS | 1035 N Appalchian Terrace | | | |
| CITY - ST - ZIP | LECANTO FL | | 2.4 CITY - ST - ZIP | Crystal River, FL 34428 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HERBST, OPAL | | 3.2 NAME | | | | |
| STREET ADDRESS | 2545 W SHEILA DRIVE | | 3.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | DUNNELLON FL | | 3.4 CITY - ST - ZIP | | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HOSKINS, CAROLYN | | 4.2 NAME | | | | |
| STREET ADDRESS | 1 CANELA CT., SUGARMILL WOODS | | 4.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | HOMOSASSA FL | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PIKE, DONALD S. | | 5.2 NAME | Young, Warren C. | | | |
| STREET ADDRESS | 11621 W RIVERHAVEN DR | | 5.3 STREET ADDRESS | 5 Sweet William Ct. | | | |
| CITY - ST - ZIP | HOMOSASSA FL | | 5.4 CITY - ST - ZIP | Homosassa, FL 34446 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 6.4 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: *Warren C. Young* **Warren C. Young** 2/2/96 352/795-2259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)