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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753596 (6)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLORIDA, INC.



Principal Place of Business FIRST PRESBYTERIAN CHURCH 1501 SE HWY 19 CRYSTAL RIVER FL 34429 US	Mailing Address 1501 SE HWY 19 1501 S.E. HWY.19 CRYSTAL RIVER FL 34429 US
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3. Date Incorporated or Qualified 08/01/1980	
4. FEI Number 59-1002443	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**YOUNG, WARREN C
5 SWEET WILLIAM CT
HOMOSASSA FL 34448**

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	PD	<input type="checkbox"/> DELETE
NAME	MCELVY, GEORGE	
STREET ADDRESS	1035 N APPLACHIAN TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUMAS, BROWN	
STREET ADDRESS	291 S GARDENIA TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERBST, OPAL	
STREET ADDRESS	2545 W SHEILA DRIVE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRICE, SUSAN	
STREET ADDRESS	5264 S RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, WARREN C	
STREET ADDRESS	5 SWEET WILLIAM CT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 4/18/98 352/382-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000-1111

CFR2037 (1097)