
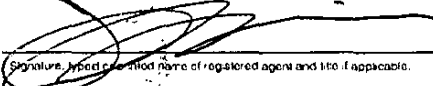
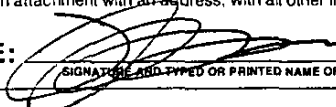


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 045 ****61.25

DOCUMENT #753596					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1002443	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCELVY, GEORGE 1035 N. APPALACHIAN TERRACE CRYSTAL RIVER, FL 34429				7. Name and Address of New Registered Agent Name: <u>Farrior, James</u> Street Address (P.O. Box Number is Not Acceptable): <u>11930 W. Creekside Lane</u> City: <u>Homosassa,</u> State: <u>FL</u> Zip Code: <u>34448</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when re-registering) DATE: <u>2.2.06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRIOR, JAMES T		NAME		
STREET ADDRESS	11930 W CREEKSIDE LANE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSSASSA, FL 34448		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, ROBERT H		NAME		
STREET ADDRESS	5980 W. WOODSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARDUN, PATRICIA		NAME		
STREET ADDRESS	5151 S. STETSON PT. DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSSASSA, FL 34448		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCELVY, GEORGE		NAME	Dumas, Brown	
STREET ADDRESS	1035 N. APPALACHIAN TERRACE		STREET ADDRESS	291 S. Gardenia Terr.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  JAMES T. FARRIOR DATE: <u>2.2.06</u>					