


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1002443	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required***

6. Name and Address of Current Registered Agent

**FARRIER, JAMES
 11930 W. CREEKSIDE LANE
 HOMOSASSA, FL 34448**

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIER, JAMES T 11930 W CREEKSIDE LANE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, ROBERT H 5980 W. WOODSIDE DR CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARDUN, PATRICIA 5151 S. STETSON PT. DRIVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUMAS, BROWN 291 S. GARDENIA TERR. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/19/07-80017-013.61.25

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____