

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753596

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF CRYSTAL RIVER, FLORIDA, INC.

**Current Principal Place of Business:**

FIRST PRESBYTERIAN CHURCH  
1501 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

1501 SE HWY 19  
1501 S.E. HWY. 19  
CRYSTAL RIVER, FL 34429 US

**New Mailing Address:**

FIRST PRESBYTERIAN CHURCH  
1501 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

FEI Number: 59-1002443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, ROBERT  
5970 W. WOODSIDE DRIVE  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, ROBERT  
Address: 5970 W. WOODSIDE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VD ( ) Delete  
Name: BROWN, ROBERT H  
Address: 5980 W. WOODSIDE DR  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD ( ) Delete  
Name: PARDUN, PATRICIA  
Address: 5151 S. STETSON PT. DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: TD ( ) Delete  
Name: HOLT, EDA  
Address: 4200 W. PINE RIDGE BLVD  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VD ( ) Delete  
Name: SCHAEFFER, BEN  
Address: 10 LONGLEAF CT  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN SCHAEFFER

VD

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date