


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762017</b> 1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF HIGH SPRINGS, INC.</b>																																																											
Principal Place of Business <b>205 NE 2ND AVE HIGH SPRGS FL 32655 US</b>		Mailing Address <b>P.O. BOX 1448 HIGH SPRGS. FL 32655 US</b>																																																									
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																									
City & State		City & State		4. FEI Number <b>59-1997394</b>																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																							
6. Name and Address of Current Registered Agent  <b>BLANTON, EDNA 610 NW 3RD AVE HIGH SPRGS FL 32655</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code																																																							
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u><i>Edna Blanton</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u><i>1/27/04</i></u>  <small>DATE</small> </div> </div>																																																											
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																							
<b>Make Check Payable to Florida Department of State</b>																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <b>D CHASTAIN, JACK</b> <input type="checkbox"/> Delete  <b>25929 NW 110TH AVE</b>  <b>HIGH SPRGS, FL 00000 32643</b> </td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>T WATERS, BRETT</b> <input type="checkbox"/> Delete  <b>315 NE 2ND AVE</b>  <b>HIGH SPRINGS FL</b> </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>D BLANTON, EDNA</b> <input type="checkbox"/> Delete  <b>610 NW 3RD AVENUE</b>  <b>HIGH SPRGS, FL 00000</b> </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> <b>D GRUNDER, GARY</b> <input type="checkbox"/> Delete  <b>P O BOX 727</b>  <b>HIGH SPRINGS FL 32655</b> </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> </div>						TITLE	<b>D CHASTAIN, JACK</b> <input type="checkbox"/> Delete <b>25929 NW 110TH AVE</b> <b>HIGH SPRGS, FL 00000 32643</b>		TITLE	<b>T WATERS, BRETT</b> <input type="checkbox"/> Delete <b>315 NE 2ND AVE</b> <b>HIGH SPRINGS FL</b>		TITLE	<b>D BLANTON, EDNA</b> <input type="checkbox"/> Delete <b>610 NW 3RD AVENUE</b> <b>HIGH SPRGS, FL 00000</b>		TITLE	<b>D GRUNDER, GARY</b> <input type="checkbox"/> Delete <b>P O BOX 727</b> <b>HIGH SPRINGS FL 32655</b>		TITLE			TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																											
<b>SIGNATURE:</b> <u>Edna Blanton</u> <i>Edna Blanton</i>				1/27/04      386-454-1995																																																							



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