

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 762971 (0)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF PALM BAY, INC.

Principal Place of Business

Mailing Address

1080 PORT MALABAR BLVD NE
PALM BAY FL 32905

1080 PORT MALABAR BLVD NE
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2192645	Applied For <input type="checkbox"/> Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLARY, NANCY W 1080 PORT MALABAR BLVD NE PALM BAY FL 32906		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 its registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Nancy W. Clary (NOTE: Registered Agent signature required when re-registering) DATE: 3/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	YEAKEL, LINDA	12 NAME	McEachron, Ed
STREET ADDRESS	2553 KING ST. NE	13 STREET ADDRESS	1375 Cherry Hill Road N.E.
CITY - ST - ZIP	PALM BAY FL	14 CITY - ST - ZIP	Palm Bay, FL 32905
TITLE	SD	21 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	WESTENBARGER, DAVID	22 NAME	Klaasen, Sue
STREET ADDRESS	1601 NONA ST. NE	23 STREET ADDRESS	1105 Baywood Court
CITY - ST - ZIP	PALM BAY FL	24 CITY - ST - ZIP	Malabar, FL 32950
TITLE	TD	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CARTER, RICHARD	32 NAME	
STREET ADDRESS	1080 PT MALABAR BLVD NE	33 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan F. Klaasen (Date: 3-21-95)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR