

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2-19-96 B-1295 C

DOCUMENT # **762971 (0)**
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF PALM BAY, INC.



Principal Place of Business: **1080 PORT MALABAR BLVD NE PALM BAY FL 32905**
Mailing Address: **1080 PORT MALABAR BLVD NE PALM BAY FL 32905**

3. Date Incorporated or Qualified: **04/23/1982**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **59-2192645**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1080 PORT MALABAR BLVD NE PALM BAY FL 32905**
2a. Mailing Address: **1080 PORT MALABAR BLVD NE PALM BAY FL 32905**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: Country:

9. Name and Address of Current Registered Agent: **CLARY, NANCY W 1080 PORT MALABAR BLVD NE PALM BAY FL 32906**
10. Name and Address of New Registered Agent:
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 617.0502 and 617.1508, 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MCEACHRON, ED <input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: MCEACHRON, ED		1.2 NAME: Mike Keen	
STREET ADDRESS: 1375 CHERRY HILL ROAD, N.E.		1.3 STREET ADDRESS: 766 Aachen Ave. N.E.	
CITY-ST-ZIP: PALM BAY FL		1.4 CITY-ST-ZIP: Palm Bay FL 32907	
TITLE: SD <input type="checkbox"/> DELETE		2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KLAASEN, SUE		2.2 NAME:	
STREET ADDRESS: 1105 BAYWOOD COURT		2.3 STREET ADDRESS:	
CITY-ST-ZIP: MALABAR FL		2.4 CITY-ST-ZIP: 32950	
TITLE: TD <input checked="" type="checkbox"/> DELETE		3.1 TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: CARTER, RICHARD		3.2 NAME: John Yust	
STREET ADDRESS: 1080 PT MALABAR BLVD NE		3.3 STREET ADDRESS: 2560 Rocky Point Rd.	
CITY-ST-ZIP: PALM BAY FL		3.4 CITY-ST-ZIP: Malabar, FL 32950	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 119.07(3)(k), 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 617, 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* **Susan F. Klaasen** **2/14/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)