

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 19, 2005  
Secretary of State**

DOCUMENT# 762971

Entity Name: FIRST PRESBYTERIAN CHURCH OF PALM BAY, INC.

**Current Principal Place of Business:**

1080 PORT MALABAR BLVD NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1080 PORT MALABAR BLVD NE  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 59-2192645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEEN, ROBERT M  
1659 COUNTRY COVE CIRCLE  
MALABAR, FL 32950 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: IRVINE, ARTHUR  
Address: 2301 OAKLYN ST.  
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete  
Name: DOLIN, BILLIE  
Address: 1012 PINEAPPLE AVENUE NE  
City-St-Zip: PALM BAY, FL 32905

Title: TD ( ) Delete  
Name: KEEN, ROBERT M  
Address: 1659 COUNTRY COVE CIRCLE  
City-St-Zip: MALABAR, FL 32950

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

Title: PD (X) Change ( ) Addition  
Name: DAYTON, JOEL  
Address: 2317 LINEBERRY LANE  
City-St-Zip: MALABAR, FL 32950

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 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 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: ROBERT M. KEEN

TD

02/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date