


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 764951 1. Entity Name FIRST PRESBYTERIAN CHURCH OF PENSACOLA, INC.	
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Principal Place of Business 33 E GREGORY PENSACOLA, FL 32501 US	Mailing Address 33 E GREGORY PENSACOLA, FL 32501 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0816441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRELL, CHARLES, M
2403 TRONJO PLACE
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRELL, CHARLES M 2403 TRONTO PL PENSACOLA, FL 00000, 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CLARK, WILLIAM H 433 CREARY ST PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUFFORD, ARTHUR D 2300 HALLMARK DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000025386
02/02/04-80104-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

SIGNATURE: **Charles M Harrell** *Charles M Harrell* 1/28/04 850 438-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #