FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766093** **(9)**

1. Corporation Name

MAYPORT PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
1349 BROAD ST MAYPORT FL 32233	1349 BROAD ST MAYPORT FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1982**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2333029** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WILLIAMS, BETTY L.
109 NORTH STREET
NEPTUNE BCH. FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	FISHER DAVID	12 NAME	
STREET ADDRESS	4636 RIBAULT PARK ST	13 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FISHER, DAVID	22 NAME	
STREET ADDRESS	4666 RIBAULT ST	23 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BETTY L.	32 NAME	
STREET ADDRESS	109 NORTH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TILLOTSON, LOIS	42 NAME	
STREET ADDRESS	1407 FERRIS ST	43 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COOPER, CASPER PACK	52 NAME	
STREET ADDRESS	4654 RIBAULT PARK STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FISHER, NANCY	62 NAME	
STREET ADDRESS	4636 RIBAULT PARK ST	63 STREET ADDRESS	
CITY-ST-ZIP	MAYPORT FL	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 119.07(3)(i), 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: Betty L. Williams Betty L. Williams, Secretary 4-24-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0026099