

FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32233-2403

3. Date Incorporated or Qualified 12/13/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2333029	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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	85 Zip Code
	FL

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 _____ **Secretary & R/A** **April 18, 1997**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P PARSONS, AUBREY B
STREET ADDRESS	1349 BROAD ST
CITY-ST-ZIP	MAYPORT FL 32233
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V FISHER, DAVID
STREET ADDRESS	4666 RIBAUT ST
CITY-ST-ZIP	MAYPORT FL
TITLE	<input type="checkbox"/> DELETE
NAME	S WILLIAMS, BETTY L.
STREET ADDRESS	109 NORTH STREET
CITY-ST-ZIP	NEPTUNE BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	D TILLOTSON, LOIS
STREET ADDRESS	1407 FERRIS ST
CITY-ST-ZIP	MAYPORT FL
TITLE	<input type="checkbox"/> DELETE
NAME	D COOPER, CASPER PACK
STREET ADDRESS	4854 RIBAUT PARK STREET
CITY-ST-ZIP	MAYPORT FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FISHER, NANCY
STREET ADDRESS	4636 RIBAUT PARK ST
CITY-ST-ZIP	MAYPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P DAVID J. FISHER
1.3 STREET ADDRESS	4636 RIBAUT PARK ST (4636)
1.4 CITY-ST-ZIP	MAYPORT, FL 32233
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V RUTH McHENDRY
2.3 STREET ADDRESS	207 COQUINA AVE
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Nancy Fisher* **4-18-97** (904) 249-8948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006184

CP2E037 (9/96)