

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 046 ****61.25

DOCUMENT # 766093

1. Entity Name
MAYPORT PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**1300 PALMER STREET
MAYPORT, FL 32233 US**

Mailing Address
**1300 PALMER STREET
MAYPORT, FL 32233 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2333029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPKINS, FRANCES
17305 EAGLE BEND BLVD.
JACKSONVILLE, FL 32226-1109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SIMPKINS, FRANCES
17305 EAGLE BEND BLVD.
JACKSONVILLE, FL 32226-1109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALTON MOTE
1102 OSSA COURT
JACKSONVILLE FL 32226** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANTZ, DAVID
1643 8TH STREET S
JACKSONVILLE, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DWIGHT WILSON
1016 Neptune Lane
Neptune Beach FL 32233** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICHARDSON, WILLIAM
13780 HARBOR CREEK PL.
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICHARDSON, REVECCA
13780 HARBOR CREEK PL.
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, JOYCE
2637 FRESCO DR.
JACKSONVILLE, FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMILLAN, ELAINE
4412 RICHMOND PK. CT.
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 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 like empowered.

SIGNATURE:

Elaine McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2004
Date

904 821 4952
Daytime Phone #