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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 767071 (4)

1. Corporation Name

COMMUNITY PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

830 PINWOOD STREET
PO BOX 206
LIVE OAK FL 32060

830 PINWOOD STREET
PO BOX 206
LIVE OAK FL 32060-0206

3. Date Incorporated or Qualified 02/18/1983
3a. Date of Last Report 03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number 58-1511388
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REV. BRENT S DRAKE
900 COLISEUM AVE
LIVE OAK FL 32060

81 Name RON FORT
82 Street Address (P.O. Box Number is Not Acceptable) ROUTE 3, BOX 97-A
83
84 City JASPER FL 85 Zip Code 32052

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDC	DRAKE, BRENT S	900 COLISEUM AVE	LIVE OAK FL	<input checked="" type="checkbox"/>
DAS	RODGERS, MARK H.	RT 3 BOX 250 LUNDY LANE	LIVE OAK FL	<input type="checkbox"/>
SD	FORT, RON	ROUTE 3 BOX 92-A	JASPER FL	<input type="checkbox"/>
DAT	CALVITT, DICK	P.O. BOX 502 N/A	LIVE OAK FL	<input type="checkbox"/>
VD	COBB, DAVE	P.O. BOX 514 N/A	LAKE CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PDC	FORT, RON	Route 3, Box 92-A	JASPER, FL 32052	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VD	COBB, DAVE	P.O. BOX 514 N/A	LAKE CITY, FL	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
DS	RODGERS, MARK H.	11297 89th Rd.	LIVE OAK, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
DAT	CALVITT, DICK	P.O. BOX 502 N/A	LIVE OAK, FL	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

(904) 258-2480
Daytime Phone # 0000728

CR2E037 (9/96)