

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90249 027 \*\*\*\*61.25

**DOCUMENT # 767071**

1. Corporation Name

**COMMUNITY PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

830 PINEWOOD STREET  
PO BOX 206  
LIVE OAK FL 32060

Mailing Address

830 PINEWOOD STREET  
PO BOX 206  
LIVE OAK FL 32060



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 PO Box 206

27 Suite, Apt. #, etc.

28 City & State

Live Oak, FL

29 Zip

32064

30 Country

Swansee

3. Date Incorporated or Qualified

02/18/1983

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

9. Name and Address of Current Registered Agent

FORT, RON  
RTE. 3, BOX 97-A  
JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name

Randy L. Wilding

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

1332 Coliseum Ave.

83

84 City

Live Oak

FL

85 Zip Code

32060

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

Randy L. Wilding

Randy L. Wilding

4/13/99

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 DPC  
NAME WILDING, RANDY L.  
STREET ADDRESS 1332 COLISEUM AVE  
CITY-ST-ZIP LIVE OAK FL 32060

☐ DELETE

TITLE DAT  
NAME RODGERS, MARK H.  
STREET ADDRESS RT 3 BOX 250 LUNDY LANE  
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

TITLE SD  
NAME FORT, RON  
STREET ADDRESS ROUTE 3 BOX 92-A  
CITY-ST-ZIP JASPER FL

☐ DELETE

TITLE DVC  
NAME CALVITT, DICK  
STREET ADDRESS P.O. BOX 502 N/A  
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

TITLE DTAS  
NAME COBB, DAVE  
STREET ADDRESS P.O. BOX 514 N/A  
CITY-ST-ZIP LAKE CITY FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11297 89th Road

Live Oak, FL 32060

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11922 SW CR 249

Jasper, FL 32052

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Live Oak, FL 32064

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TD

LEE, CAREY

PO Box 873

Live Oak, FL 32064

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

MIERAS, LARRY

3944 166th Street

Live Oak, FL 32060

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Randy L. Wilding Date 4/13/99 Daytime Phone # 904-362-2323

CR2E037 (11/98)