

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 768076 (2)**  
1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF CRESCENT CITY, INC.**

Principal Place of Business Mailing Address  
**10 CENTRAL AVENUE  
CRESCENT CITY FL 32112**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/21/1983</b>	3a. Date of Last Report <b>02/14/1994</b>
4. FEI Number <b>59-1225205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent  
**DAVIS, BRUCE H.  
10 CENTRAL AVENUE  
CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD TAPP, ROY P.O. BOX 67 N/A GEORGETOWN FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD SEEGARS, ANNA MAE POB 44, 114 WHITE ROAD CRESCENT CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DEESE, FLORECE RT. 2, BOX 978 CRESCENT CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUCHANAN, MERRILL RT 2 BX 1471, OLD HWY 17 CRESCENT CITY, FL 00000</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TURNER, CHARLES E., JR. ST. RTE. BOX 542B GEORGETOWN FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERTS, JESSIE LEE 42 N SUMMIT ST CRESCENT CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D WHEELER, Charles F. St. Rte. Box 147 Crescent City, FL 32112</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D ALVIS, Constance H. Rt. 2, Box 837T Crescent City, FL 32112</b>

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)(b), 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: *Florence V. Deese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Florence V. Deese**

3/14/95 (904) 698-1249  
Date Daytime Phone #