


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768076 (2)**  
1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF CRESCENT CITY, INC.**

Principal Place of Business <b>10 CENTRAL AVENUE CRESCENT CITY FL 32112</b>	Mailing Address <b>10 CENTRAL AVENUE CRESCENT CITY FL 32112</b>
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3. Date Incorporated or Qualified <b>04/21/1983</b>	
4. FEI Number <b>59-1225205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>301 East Cypress Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>301 East Cypress Ave</b> Suite, Apt. #, etc.
22 City & State 23 <b>Crescent City, Fl</b>	27 City & State 28 <b>Crescent City, Fl</b>
24 Zip <b>32112</b>	25 Country <b>FL</b>
29 Zip <b>32112</b>	30 Country <b>FL</b>

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

81 Name <b>Charles L. Bailey</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>303 South Prospect St</b>	
83	
84 City <b>Crescent City</b>	85 Zip Code <b>FL 32112</b>

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: Charles L. Bailey (NOTE: Registered Agent signature required when reinstating) DATE: Feb 9, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD TAPP, ROY P.O. BOX 67 N/A GEORGETOWN FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD ALVIS, CONSTANCE RT W BOX 837T CRESCENT CITY FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Smith, Carolyn 300 Lakeview Ave. Crescent City, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DEESE, FLORECE RT. 2, BOX 078 CRESCENT CITY FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BUCHANAN, MERRILL RT 2 BX 1471, OLD HWY 17 CRESCENT CITY, FL 00000</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHEELER, CHARLES F ST. RTE. BOX 147 CRESCENT CITY FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILEY, CHARLES 303 S PROSPECT ST CRESCENT CITY FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>VCD Bailey, Charles 303 S. Prospect St Crescent City, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Flouce Y. Deese 2-9-98 904-698-1249

CFR2037 (10/97)