

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90007 037 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 768076**

1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF CRESCENT CITY, INC.**

Principal Place of Business 301 CYPRESS AVE CRESCENT CITY FL 32112 US	Mailing Address 301 CYPRESS AVE CRESCENT CITY FL 32112 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>04/21/1983</b>	4. FEI Number <b>59-1225205</b> Applied For 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>	

9. Name and Address of Current Registered Agent <b>BAILEY, CHARLES L 303 S PROSPECT ST CRESCENT CITY FL 32112</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPP, ROY	1.2 NAME	
STREET ADDRESS	P.O. BOX 67 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROLYN	2.2 NAME	
STREET ADDRESS	300 LAKEVIEW AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, FLORECE	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 978	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, MERRILL	4.2 NAME	
STREET ADDRESS	RT 2 BX 1471, OLD HWY 17	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, CHARLES F	5.2 NAME	
STREET ADDRESS	ST. RTE. BOX 147	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	5.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, CHARLES	6.2 NAME	
STREET ADDRESS	303 S PROSPECT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	6.4 CITY-ST-ZIP	

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: *CHARLES BAILEY* **SIGNATURE REQUIRED** *1/31/99* *904-698-2117*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)