2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768076

FILED Apr 02, 2009 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF CRESCENT CITY, INC.

Current Principal Place of Business: New Principal Place of Business: 301 E CYPRESS AVE CRESCENT CITY, FL 32112 US **Current Mailing Address: New Mailing Address:** 301 E CYPRESS AVE CRESCENT CITY, FL 32112 US FEI Number: 59-1225205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BAILEY, CHARLES L SAULS, PATRICIA F 303 S PROSPECT ST 118 CESSNA STREET, BOX 27 CRESCENT CITY, FL 32112 US LAKE COMO, FL 32157 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: PATRICIA F. SAULS 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FRAZIER, SUSAN Name: Name: 118 SHANGRA-LA LANE Address: Address: City-St-Zip: POMONA PARK, FL 32181 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition SD ROBERTS, SUSAN N Name: BAILEY, CHARLES L Name: Address: 448 HUNTINGTON SHORTCUT ROAD Address: 303 SOUTH PROSPECT STREET City-St-Zip: POMONA PARK, FL 32181 City-St-Zip: CRESCENT CITY, FL 32112 Title: () Delete Title: () Change () Addition PULVER, BARBARA Name: Name: 245 CRESCENT LANE Address: Address: City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: Title: VCD () Delete Title: VCD (X) Change () Addition STEVENS, THOMAS Name: ESTES, HARVEY Name: 110 S SHORE LANE Address: Address: 492 CLIFTON ROAD City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: CRESCENT CITY, FL 32112 Title: () Delete Title: (X) Change () Addition BAILEY, CHARLES SAULS, PATRICIA Name: Name: 303 S PROSPECT ST 118 CESSNA STREET, BOX 27 Address: Address: City-St-Zip: CRESCENT CITY, FL 32112 City-St-Zip: LAKE COMO, FL 32157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA F. SAULS T 04/02/2009