FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 17 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C92000000013 (7)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORI DA

Principal Place of Business	Mailing Address
200 S LONE OAK DRIVE LEESBURG FL 34748	P.O. BOX 491246 LEESBURG FL 34749-1246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1955
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-0872674 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SELLAR, CHARLES B.P.
907 WEBSTER ST
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: Charles B. Sellar — 2/12/95
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	PD
NAME	HENDERSON, SANNA
STREET ADDRESS	1216 OAK DRIVE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	VD
NAME	LIGHTFOOT, WILLIAM
STREET ADDRESS	1527 BORDEAUX DRIVE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	SD
NAME	MILLER, REBECCA A
STREET ADDRESS	1908 SOUTH ST
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	TD
NAME	PAHL, EUGENE L
STREET ADDRESS	03424 TROUT AVE.
CITY-ST-ZIP	FRUITLAND FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	[X] Change [ ] Addition
1.2 NAME	Sellar, Charles B. P.	
1.3 STREET ADDRESS	9013 Silver Lake Drive	
1.4 CITY-ST-ZIP	Leesburg, FL 34788	
2.1 TITLE	VD	[X] Change [ ] Addition
2.2 NAME	Lightfoot, William	
2.3 STREET ADDRESS	1527 Bordeaux Drive	
2.4 CITY-ST-ZIP	Leesburg, FL 34748	
3.1 TITLE	S	[X] Change [ ] Addition
3.2 NAME	Miller, Rebecca A.	
3.3 STREET ADDRESS	1908 South Street	
3.4 CITY-ST-ZIP	Leesburg, FL 34748	
4.1 TITLE	TD	[X] Change [ ] Addition
4.2 NAME	Miller, E. F., Jr.	
4.3 STREET ADDRESS	35911 Lake Unity Nursery Road	
4.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca A. Miller — REBECCA A. MILLER — 02/06/95 — (904) 787-5287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #