


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 491248
LEESBURG FL 34749-1248**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1955		3a. Date of Last Report 03/13/1996	
21		26		4. FEI Number 59-0872674		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ROBERT Q.			1.2 NAME	POWELL, VIRGINIA M.		
STREET ADDRESS	5233 BANANA POINT ROAD			1.3 STREET ADDRESS	1080 ISLAND WAY		
CITY-ST-ZIP	OKAHUMPKA FL			1.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLE, R.L.			2.2 NAME	BUCKWALTER, JOEL		
STREET ADDRESS	1315 LASALIDA WAY			2.3 STREET ADDRESS	200 SOUTH LONE OAK DRIVE		
CITY-ST-ZIP	LEESBURG FL			2.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, REBECCA A			3.2 NAME	EDWARDS, ELEANOR		
STREET ADDRESS	1908 SOUTH ST			3.3 STREET ADDRESS	5630 ROSEWALL CIRCLE		
CITY-ST-ZIP	LEESBURG FL 34788			3.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, E.F. JR.			4.2 NAME			
STREET ADDRESS	35911 LAKE UNITY NURSERY ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND PARK FL 34731			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)