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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # C92000000013

1. Corporation Name

**THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORI
DA**

Principal Place of Business

200 S LONE OAK DRIVE
LEESBURG FL 34748

Mailing Address

P.O. BOX 491246
LEESBURG FL 34749-1246



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/09/1955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0872674

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 Vic TenHaken

82 Street Address (P.O. Box Number is Not Acceptable)
26543 Deuce Ct.

83

84 City Leesburg

FL

85 Zip Code 34748

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

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

Vic TenHaken
(NOTE: Registered Agent signature required when resigning)

3/10/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME POWELL, VIRGINIA M.
STREET ADDRESS 1080 ISLAND WAY
CITY-ST-ZIP LEESBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME KUHN, JEAN
STREET ADDRESS 134 BIG OAK LANE
CITY-ST-ZIP WILDWOOD FL 34785

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS THOMAS, DONNA
2.4 CITY-ST-ZIP 1013 CYPRESS ST.
LEESBURG, FL 34748

TITLE S ☒ DELETE
NAME MACGREGOR, JAN
STREET ADDRESS 5645 LAVER ST
CITY-ST-ZIP LEESBURG FL 34748

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME S
3.3 STREET ADDRESS PRIMM, BARBARA
3.4 CITY-ST-ZIP 25316 HIBISCUS ST.
LEESBURG, FL 34748

TITLE TD ☐ DELETE
NAME MILLER, E.F. JR.
STREET ADDRESS 35911 LAKE UNITY NURSERY ROAD
CITY-ST-ZIP FRUITLAND PARK FL 34731

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

Virginia M. Powell 1-16-99 352-787-7165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA M. POWELL

Daytime Phone #

CR2E037 (11/98)