

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 019 ****61.25



DOCUMENT # C9200000013

1. Entity Name
THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORIDA

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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-0872674** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**POWELL, VIRGINIA M
 1080 ISLAND WAY
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: POWELL, VIRGINIA M. STREET ADDRESS: 1080 ISLAND WAY CITY-ST-ZIP: LEESBURG FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WILLIAM, WELCH STREET ADDRESS: 30 MCHALE DRIVE CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Grace Weber STREET ADDRESS: 10349 Bay St. CITY-ST-ZIP: Leesburg, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MILLER, E.F. JR. STREET ADDRESS: 35911 LAKE UNITY NURSERY ROAD CITY-ST-ZIP: FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WEBER, GRACE STREET ADDRESS: 10349 BAY STREET CITY-ST-ZIP: LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Carolene Anderson STREET ADDRESS: 3927 Manor Oaks Court CITY-ST-ZIP: Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia M Powell* Virginia Powell 1/25/05 352-787-5687
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #