

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

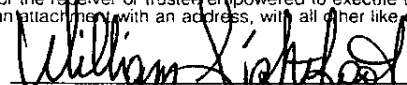
**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90050 048 \*\*\*\*61.25

<b>DOCUMENT # C92000000013</b> 1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORIDA</b>					
Principal Place of Business <b>200 S LONE OAK DRIVE LEESEBURG FL 34748</b>			Mailing Address <b>P.O. BOX 491246 LEESEBURG FL 34749-1246</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0872674</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POWELL, VIRGINIA M 1080 ISLAND WAY LEESEBURG FL 34748</b>			Name <b>William Lightfoot</b> Street Address (P.O. Box Number is Not Acceptable) <b>1527 Bordeaux Dr.</b>  <b>Leesburg, FL 34748</b> <div style="text-align: right;"> <b>FL</b> Zip Code <b>34748</b> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, VIRGINIA M.		NAME	Lightfoot, William	
STREET ADDRESS	1080 ISLAND WAY		STREET ADDRESS	1527 Bordeaux Dr.	
CITY-ST-ZIP	LEESEBURG FL		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, GRACE		NAME	N/A	
STREET ADDRESS	10349 BAY ST		STREET ADDRESS		
CITY-ST-ZIP	LEESEBURG FL 34788		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, E.F. JR.		NAME	Coleman, Clell	
STREET ADDRESS	35911 LAKE UNITY NURSERY ROAD		STREET ADDRESS	323 Lakeshore Dr.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CAROLINE		NAME	Howse-Henke, Jean	
STREET ADDRESS	3927 MANOR OAKS COURT		STREET ADDRESS	26713 Racquet Circle	
CITY-ST-ZIP	LEESEBURG FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:



William Lightfoot

352-874-7194