

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004211

FILED
Sep 07, 2005
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF ALACHUA, INC.

Current Principal Place of Business:

P.O. BOX 308
ALACHUA, FL 32616

New Principal Place of Business:

14623 NW 140 STREET
ALACHUA, FL 326160308

Current Mailing Address:

P.O. BOX 308
ALACHUA, FL 32616

New Mailing Address:

P.O. BOX 308
ALACHUA, FL 326160308

FEI Number: 59-1883043 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAGAN, AVA N
14001 NW 138 STREET
P.O BOX 622
ALACHUA, FL 326160622 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HORNER, VADA
Address: 10415 W SR 235.
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: HAGAN, AVA N
Address: 14001 NW 138 STREET, P.O BOX 622
City-St-Zip: ALACHUA, FL 326160622

Title: T () Delete
Name: WITHROW, MITCH
Address: 1768 NW 236 WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T () Delete
Name: SCHIMIDLAPP, EMMA JEAN
Address: 10803 NW 202 ST
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: LINDSEY, GLORIA
Address: 10506 NW 61 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: BAKER, MILTON
Address: 275 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WITHROW, MITCH
Address: 17681 NW 236 WAY
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: OVERACKER, TOM
Address: 19614 NW 190 AVE
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVA HAGAN

SEC

09/07/2005

Electronic Signature of Signing Officer or Director

Date