

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

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 012 ****61.25

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1. Entity Name

FIRST PRESBYTERIAN CHURCH OF ALACHUA, INC.



Principal Place of Business

14623 NW 140 STREET
ALACHUA FL 32616-0308

Mailing Address

P.O. BOX 308
ALACHUA FL 32616-0308

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

59-1883043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGAN, AVA N
14001 NW 138 STREET
P.O BOX 622
ALACHUA FL 32616-0622

7. Name and Address of New Registered Agent

Name

Vada Horner

Street Address (P.O. Box Number is Not Acceptable)

10415 W. SR 235 State Rd 235

Alachua, FL 32615

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

Vada B. Horner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PT
NAME HORNER, VADA ☐ Delete
STREET ADDRESS 10415 W SR 235.
CITY-ST-ZIP ALACHUA FL 32615

TITLE S ☒ Delete
NAME HAGAN, AVA N
STREET ADDRESS 14001 NW 138 STREET, P.O BOX 622
CITY-ST-ZIP ALACHUA FL 32616-0622

TITLE T ☐ Delete
NAME WITHROW, MITCH
STREET ADDRESS 17681 NW 236 WAY
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE T ☒ Delete
NAME SCHIMIDLAPP, EMMA JEAN
STREET ADDRESS 10803 NW 202 ST
CITY-ST-ZIP ALACHUA FL 32615

TITLE T ☐ Delete
NAME LINDSEY, GLORIA
STREET ADDRESS 10506 NW 61 TERRACE
CITY-ST-ZIP ALACHUA FL 32615

TITLE T ☐ Delete
NAME OVERACKER, TOM
STREET ADDRESS 19614 NW 190 AVE
CITY-ST-ZIP HIGH SPRINGS FL 32643

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
NAME Vada Horner
STREET ADDRESS 10415 W. SR 235, Alachua, FL 32615
CITY-ST-ZIP

TITLE T ☐ Change ☐ Addition
NAME Scott Dansby
STREET ADDRESS P.O. Box 122
CITY-ST-ZIP ~~Alachua, FL 32616 0122~~

TITLE ☐ Change ☒ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Jean Pace
STREET ADDRESS 620 N.E. 6 Ave.
CITY-ST-ZIP Gainesville, FL 32601 ☐ Change ☐ Addition

TITLE PT ☒ Change ☐ Addition
NAME Tom Overacker
STREET ADDRESS 19614 N.W. 190 Ave.
CITY-ST-ZIP High Springs, FL 32643

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:

Vada B. Horner