

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004211

FILED  
Jan 31, 2007  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF ALACHUA, INC.

**Current Principal Place of Business:**

14623 NW 140 STREET  
ALACHUA, FL 326160308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 308  
ALACHUA, FL 326160308

**New Mailing Address:**

**FEI Number:** 59-1883043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HORNER, VADA  
10415 W. SR 235  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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

Title: T ( ) Delete  
Name: DANSBY, SCOTT  
Address: P.O. BOX 122  
City-St-Zip: ALACHUA, FL 326150122

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

Title: T ( ) Delete  
Name: PACE, JEAN  
Address: 620 N.E. 6 AVE  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: PT ( ) Delete  
Name: OVERACKER, TOM  
Address: 19614 NW 190 AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VADA HORNER

S

01/31/2007

Electronic Signature of Signing Officer or Director

Date