2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004211

FILED Jan 16, 2009 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF ALACHUA, INC.

Current Principal Place of Business: New Principal Place of Business: 14623 NW 140 STREET ALACHUA, FL 32615 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HORNER, VADA 10415 W. SR 235 ALACHUA, FL 32615 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HORNER, VADA Name: Name: 10415 W. SR 235 Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: Title: (X) Change () Addition () Delete DANSBY, SCOTT Name: Name: TIMMERBERG, ROBERT Address: P.O. BOX 122 Address: 21326 NW 62 AVE City-St-Zip: ALACHUA, FL 326160122 City-St-Zip: ALACHUA, FL 32615 Title: () Delete Title: () Change () Addition WITHROW, MITCH Name: Name: 17681 NW 236 WAY Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: PACE, JEAN Name: PACE, JEAN Address: 620 N.E. 6 AVE Address: 5117 NW 33 PL City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition BONKEMEYER, GEORGE Name: Name: 1128 SW 154 ST Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: () Delete Title: (X) Change () Addition TOLER, TONI TIMMERBERG, JAN Name: Name: Address: 3100 SW 35 PLACE, APT 4B Address: 21326 NW 62 AVE GAINESVILLE, FL 32608 ALACHUA, FL 32615 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VIRGINIA ANN MCDANIEL REV 01/16/2009