FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03439 (9)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF DEBARY, INC

Principal Place of Business	Mailing Address
267 E HIGHBANKS RD DEBARY FL 32725	267 E HIGHBANKS RD DEBARY FL 32725

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 32713
Country — 25:
Zip — 29: 32713
Country — 30:

4. FEI Number: 59-6046987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WATTS, CARL A
2410 S GLENEAGLES DR
DELAND FL 32724

10. Name and Address of ~~New~~ Registered Agent

81 Name: Watts, Carl A.
82 Street Address (P.O. Box Number Is Not Acceptable): 2400 Pine Tree Circle Drive
83:
84 City: Orange City FL 85 Zip Code: 32763

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	V/D	☐ Change ☑ Addition
NAME	FOSTER, RANDALL		1.2 NAME	Porter, Charles E.	
STREET ADDRESS	127 PINEWOOD DRIVE		1.3 STREET ADDRESS	1319 Heritage Terrace	
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SADTLER, FAYE H		2.2 NAME		
STREET ADDRESS	1562 N NORMANDY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALE, ARTHUR		3.2 NAME		
STREET ADDRESS	693 E. GOODRICH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	WATTS, CARL		4.2 NAME		
STREET ADDRESS	2410 S GLENEAGLES DR		4.3 STREET ADDRESS	2400 Pine Tree Circle Drive	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEAL, KATHLEEN B.		5.2 NAME		
STREET ADDRESS	1 BASS LAKE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ALICE S		6.2 NAME		
STREET ADDRESS	670 BISCAYNE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl A. Watts Carl A. Watts, President 02/13/96 904-775-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #