FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03439

(9)

FIRST PRESBYTERIAN CHURCH OF DEBARY, INC					A TOTAL AND THE STATE OF THE ST		
Principal Plac	a of Puninger	Mailing Address					
Principal Place of Business Mailing Address							
267 E HIGHBANKS RD 267 E HIGHBANKS RI DEBARY FL 32713 DEBARY FL 32713-260 US US					* C		
			_		3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996		
2. Principal Place of Business		2a. Mailing Address	H-1 "		4. FEI Number Applied Fo 59-6046987 Not Applied		
Suite, Apt. #, etc.		26 Suite Ant # etc	Suite, Apt. #, etc.		S8.75 Additions		
22		27	 		5. Certificate of Status Desired Fee Required	Bi	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip			Countr	У	8. This corporation has liability for intangible tax under s. 199.03	2,	
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
				Name			
WATTS, CARL A			8:	Street	Address (P.O. Box Number is Not Acceptable)		
2400 PINE TREE CIRCLE DRIVE				<u> </u>	The state of the s		
ORANGE	E CITY FL 32763		83	3			
			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida State of Florida, Such change wa	tutes, the above	ve-named	d corporation submits this statement for the purpose of changing its register rporation's board of directors. I hereby accept the appointment as registers	ed	
agent la	m familiar with, and accept the obl	igations of, Section 617.0503,	Florida Statute	98.	poralion's board of directors. Thereby accept the appointment as registere	eu	
SIGNATURE	Stgnature, typed or printed name of registered	agent and tile if annicable (A)	OTE: Basistared A	ant einneture	re required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	TOTAL BILLIANTINE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD ☑ DELETE		1.1 TITLE		D Change Add	dition	
NAME	PORTER, CHARLES E.		1,2 NAME		Randall Powell		
STREET ADDRESS	1319 HERTIAGE TERRACE		1.3 STREE	T ADDRESS	257 Carmen Lane		
CITY-ST-ZIP	DELTONA FL	N DECES	1,4 CITY-	ST-ZIP	DeBary, FL 32713		
TITLE NAME	SADTLER, FAYE H	DELETE	2.1 TITLE		T Change MAdd	dition	
STREET ADDRESS	1562 N NORMANDY BLVD		2.2 NAME	T ADDRESS	Janet R. Clark		
CITY-ST-ZIP	DELTONA FL		2.4 CITY		45 Floridana Road		
TITLE	0	≥ DELETE	3.1 TITLE		DeBary, FL 32713 □ Change Add	dition	
NAME	HALE, ARTHUR		3.2 NAME		John Atkinson		
STREET ADDRESS	693 E. GOODRICH AVE.		3.3 STREE	T ADDRESS	17 Cosmos Lane		
CITY-ST-ZIP	DELTONA FL 32725		3.4. CITY	-ST-ZIP	DeBary FL 32713		
TITLE	P	DELETE	4.1 TITLE		I Change D≪ Add	dition	
NAME	WATTS, CARL	DNA	4. 2 NAM		Hugh Campbell		
STREET ADDRESS	2400 PINE TREE CIRCLE D ORANGE CITY FL	ALVE.		T ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY- 5.1 TITLE		DeBary, FL 32713	dition	
NAME	BEAL, KATHLEEN B.		5.2 NAME		The Charles Live The Charles	-/4/4/11	
STREET ADDRESS	1 BASS LAKE DRIVE			T ADDRESS			
CITY-ST-ZIP	DEBARY FL 32713		5.4 CITY-				
TITLE	S	☐ DELETE	6.1 TITLE		Change Add	dition	
NAME	JOHNSTON, ALICE S		6.2 NAME				
STREET ADDRESS	670 BISCAYNE DR.		6.3 STREE	T ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tegal 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.

al a water

6.4 CITY-ST-ZIP

SIGNATURE:

ORANGE CITY FL

01-15-1897

:R2E037 (9/96)

FILED

Jan 31 1997 8:00am

Secretary of State