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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03439**

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF DEBARY, INC

Principal Place of Business	Mailing Address
267 E HIGHBANKS RD DEBARY FL 32713 US	267 E HIGHBANKS RD DEBARY FL 32713 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/04/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6046987 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PRESTON, BERNARD M.
3021 ETTA CIRCLE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		☐ Change ☐ Addition
NAME	PRESTON, BERNARD M.		1.2 NAME		
STREET ADDRESS	3021 ETTA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JANET R.		2.2 NAME		
STREET ADDRESS	45 FORIDANA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURLEE, SHIRLEY J.		3.2 NAME		
STREET ADDRESS	28 JASMINE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WATTS, CARL		4.2 NAME		
STREET ADDRESS	2400 PINE TREE CIRCLE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	CAMPBELL, HUGH		5.2 NAME		
STREET ADDRESS	206 MARGARITA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL		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		

D
Charles Sigler
640 Hayman Court
~~DeBary, FL 32713~~

CR2E037 (11/98)

14. I 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 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, with all other like empowered.

SIGNATURE: X Alice Johnston REQUIRED Jan 10, 1999 904-775-3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #