2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03439

1. Entity 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

06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

BOWERS, OTIS
2050 GALLAGHER AVE
DELTONA, FL 32725

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alice S. Johnston Session Clerk 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BOWERS, OTIS
STREET ADDRESS	2050 GALLAGHER AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	DT
NAME	ARNETT, V.M.
STREET ADDRESS	1089 NAVEL ORANGE DR
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	HOOD, MILDRED
STREET ADDRESS	704 WHIPPORWILL DR
CITY-ST-ZIP	OSTEEN, FL 32764
TITLE	D
NAME	KNIGHT, FRANK
STREET ADDRESS	880 LAKESHORE DR
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	D
NAME	WILLIAMS, JOHN
STREET ADDRESS	148 HANNOCK OAK CIR.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	DS
NAME	JOHNSTON, ALICE S
STREET ADDRESS	670 BISCAYNE DR
CITY-ST-ZIP	ORANGE CITY, FL 32763

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07/05/05-80017-003 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice S Johnston, Secretary 4/29/05 (386) 668-4495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Session Clerk