

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 011 ****70.00

DOCUMENT # N03439 1. Entity Name FIRST PRESBYTERIAN CHURCH OF DEBARY, INC					
Principal Place of Business 267 E Highbanks Rd DeBary FL 32713 US			Mailing Address 267 E Highbanks Rd DeBary FL 32713 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6046987	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUNHAM, BILL 340 CADDIE DRIVE DEBARY FL 32713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT DUNHAM, BILL 340 CADDIE DRIVE DEBARY FL 32713	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT ARNETT, V.M. 1089 NAVEL ORANGE DR ORANGE CITY FL 32763	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOOD, MILDRED 704 WHIPPOWILL DR OSTEEN FL 32764	☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition <i>July Shave 377 Kings Lake Drive DeBary, FL 32713</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PRESTON, BERNARD 3021 ETTA CIRCLE DELTONA FL 32738	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS JOHNSTON, ALICE S 670 BISCAYNE DR ORANGE CITY FL 32763	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Alice S. Johnston 1/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #