


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90456 029 ****61.25

DOCUMENT # N07012 1. Entity Name FIRST PRESBYTERIAN CHURCH OF MILTON, FLORIDA, INC.					
Principal Place of Business 5203 ELMIRA ST MILTON, FL 32570 US			Mailing Address 5203 ELMIRA ST MILTON, FL 32570 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03022007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6565630	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, DORIS 3029 BLANKENSHIPRO NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name Jeanette Harman Street Address (P.O. Box Number is Not Acceptable) 6000 Jay's Way City Milton FL Zip Code 32570		
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 <u>Jeanette Harman</u> <u>Jeanette Harman, Clerk of Session</u> <u>4-20-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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	PT	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATTEN, ANNE		NAME	Jeanette Harman	
STREET ADDRESS	7080 W GARDNER ST		STREET ADDRESS	6000 Jay's Way	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton FL 32570	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINKER, SAMANTHA		NAME	Gordon McLachlan	
STREET ADDRESS	6172 WOODED WAY APT B		STREET ADDRESS	3921 Holleyberry Ln	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton FL 32583	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUILOUGH, DEBORAH		NAME	Anna Harman	
STREET ADDRESS	6272 DIXIE RD		STREET ADDRESS	6000 Jay's Way	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Margaret Neustaetter	
STREET ADDRESS			STREET ADDRESS	3117 Cobblestone Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Pace FL 32571	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bessie Bohannon	
STREET ADDRESS			STREET ADDRESS	5334 Alabama St	
CITY-ST-ZIP			CITY-ST-ZIP	Milton FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jerry Hodgson	
STREET ADDRESS			STREET ADDRESS	6336 W. Park Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Milton FL 32570	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____			See 2nd sheet		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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ATTACHMENT

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03022007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6565630				Applied For <input type="checkbox"/> Not Applicable	
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Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HATTEN, ANNE 7080 W GARDNER ST MILTON, FL 32583	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dorothy McLachlan 3921 Holleyberry Ln Milton FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RINKER, SAMANTHA 6172 WOODDED WAY APT B MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <u>Jeanette Harman</u> <u>Jeanette Harman</u> <u>4-20-07</u> <u>850-429-2402</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					