
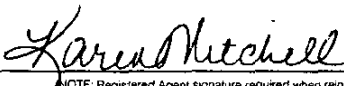
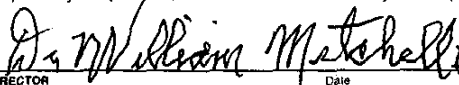


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90044 014 \*\*\*\*61.25

<b>DOCUMENT # N10527</b> 1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF JASPER, FLORIDA, INC.</b>					
Principal Place of Business <b>204 NW 3RD AVENUE JASPER, FL 32052</b>			Mailing Address <b>P. O. BOX 329 JASPER, FL 32052 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LONGSHORE, BECKIE</b> <b>2434 CR 51 N.</b> <b>JASPER, FL 32052</b>				Name <b>Mitchell, Karen</b> Street Address (P.O. Box Number is Not Acceptable) <b>6551 SW Hwy 41</b>  City <b>Jasper</b> <b>FL</b> Zip Code <b>32052</b>	
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 <b>Karen Mitchell, Treasurer</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LONGSHORE, BECKIE</b> <b>2434 CR 51 N.</b> <b>JASPER, FL 32052</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Mitchell, Karen</b> <b>6551 SW Hwy 41</b> <b>Jasper, FL 32052</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MITCHELL, WM DR</b> <b>P.O. BOX 386</b> <b>JASPER, FL 32052</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MITCHELL, REX</b> <b>P.O. BOX 989</b> <b>JASPER, FL 32052</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Daniels, Tommy</b> <b>18519 SE CR 137</b> <b>White Springs, FL 32096</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DM</b> <b>HILLIARD, DOUG</b> <b>P.O. BOX 329</b> <b>JASPER, FL 32052</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    		TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    		TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	
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 117, 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: <b>Mitchell, William, Director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				 <small>Date</small> <b>2-15-05</b>	

40019737



02102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1776869**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONGSHORE, BECKIE**  
**2434 CR 51 N.**  
**JASPER, FL 32052**

Name  
**Mitchell, Karen**  
Street Address (P.O. Box Number is Not Acceptable)  
**6551 SW Hwy 41**

City  
**Jasper**      **FL**      Zip Code  
**32052**

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 **Karen Mitchell, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

**2-15-05**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**T**  
**LONGSHORE, BECKIE**  
**2434 CR 51 N.**  
**JASPER, FL 32052**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T**  
**Mitchell, Karen**  
**6551 SW Hwy 41**  
**Jasper, FL 32052**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**MITCHELL, WM DR**  
**P.O. BOX 386**  
**JASPER, FL 32052**

☐ Delete

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☐ Change ☐ Addition

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**Daniels, Tommy**  
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☐ Change ☒ Addition

TITLE  
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SIGNATURE: **Mitchell, William, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **2-15-05**

Date

Daytime Phone #