

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 043 \*\*\*\*61.25

**DOCUMENT # N10527**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF JASPER, FLORIDA, INC.**



Principal Place of Business  
**204 NW 3RD AVENUE  
JASPER, FL 32052**

Mailing Address  
**P. O. BOX 329  
JASPER, FL 32052 US**

40004555



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-NP CR2E037 (12/06)

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

**MITCHELL, KAREN  
6551 SW HWY 41  
JASPER, FL 32052**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 May 1, 2008**

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

T  
NAME  
**MITCHELL, KAREN**  
STREET ADDRESS  
**6551 SW HWY 41**  
CITY-ST-ZIP  
**JASPER, FL 32052**

☐ Delete

D  
NAME  
**MITCHELL, WM DR**  
STREET ADDRESS  
**P.O. BOX 386**  
CITY-ST-ZIP  
**JASPER, FL 32052**

☐ Delete

D  
NAME  
**MITCHELL, REX**  
STREET ADDRESS  
**6551 SW HWY 41**  
CITY-ST-ZIP  
**JASPER, FL 32052**

☐ Delete

DM  
NAME  
**HILLIARD, DOUG**  
STREET ADDRESS  
**P.O. BOX 329**  
CITY-ST-ZIP  
**JASPER, FL 32052**

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D  
TITLE  
**Longshore, Rebekah**  
NAME  
**2434 County Road 51N**  
STREET ADDRESS  
**Jasper, FL 32052**  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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:** *Karen Mitchell* **Karen Mitchell**

**1-14-08**

**386-792-6522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #