

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10527

FILED
Jan 10, 2009
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF JASPER, FLORIDA, INC.

Current Principal Place of Business:

204 NW 3RD AVENUE
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 329
JASPER, FL 32052 US

New Mailing Address:

FEI Number: 59-1776869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MITCHELL, KAREN
Address: 6551 SW HWY 41
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: MITCHELL, WM DR
Address: P.O. BOX 386
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: MITCHELL, REX
Address: 6551 SW HWY 41
City-St-Zip: JASPER, FL 32052

Title: DM (X) Delete
Name: HILLIARD, DOUG
Address: P.O. BOX 329
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: LONGSHORE, REBEKAH
Address: 2434 CR 51 N
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MITCHELL

T

01/10/2009

Electronic Signature of Signing Officer or Director

Date