

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12396 (0)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF LIVE OAK, FLORIDA, INC.



Principal Place of Business

NANCY DRUMMOND
C/O CHANDLER ANDERSON
421 WHITE AVE
LIVE OAK FL 32060

Mailing Address

421 WHITE AVENUE SE
421 WHITE AVE
LIVE OAK FL 32060
US

3. Date Incorporated or Qualified
12/05/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2746027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNSEND, WALLACE S
421 WHITE AVE
LIVE OAK FL 32060

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

CHANDLER, DAVID
421 WHITE AVENUE
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

SMITH, JIM
421 WHITE DRIVE
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

DTP

☐ DELETE

NAME

TOWNSEND, WALLACE S.
421 WHITE AVENUE
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

DRUMMOND, NANCY
421 WHITE AVE.
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

PROTSMAN, LEE
421 WHITE AVENUE
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

WALLACE, JACK
421 WHITE AVE
LIVE OAK FL

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

☐ Change

☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

32060

21 TITLE

☐ Change

☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

32060

31 TITLE

☐ Change

☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

32060

41 TITLE

☐ Change

☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

32060

51 TITLE

☐ Change

☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

32060

61 TITLE

☐ Change

☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

32060

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wallace S. Townsend
DIRECTOR - PRES - TREAS

Date

Daytime Phone #

CR2E037 (12/95)