

**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 # N16837 (9)**

1. Corporation Name

**FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, I NC.**



Principal Place of Business

Mailing Address

19 N SIXTH STREET  
~~G/O ROBERT W. MARTENS~~  
FERNANDINA BEACH FL 32304  
US

19 N SIXTH STREET  
~~G/O ROBERT W. MARTENS~~  
FERNANDINA BEACH FL 32034  
US

3. Date Incorporated or Qualified  
**09/17/1986**

3a. Date of Last Report  
**07/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **19 N SIXTH STREET**

26 **19 N SIXTH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**FERNANDINA BEACH FL**

27 City & State  
**FERNANDINA BEACH FL**

24 Zip **32034** 25 Country **US**

29 Zip **32034** 30 Country **US**

4. FEI Number  
**59-1502178**

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

**CROSS, GEOFFREY**  
**19 N SIXTH STREET**  
**FERNANDINA BEACH FL 32034**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DIAN</b>
STREET ADDRESS	<b>2215 BERKLEY CT</b>
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>CROSS, GEOFFREY</b>
STREET ADDRESS	<b>4712 YACHTSMAN'S DRIVE</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>WADE, WILLIAM</b>
STREET ADDRESS	<b>875 OAK LANE</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: \_\_\_\_\_

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/96 (904) 261-3837**  
Date Daytime Phone #

CR2E037 (12/95)