## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90072 050 \*\*\*\*61.25

**DOCUMENT # N16837** 

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, I NC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

19 NORTH SIXTH STREET FERNANDINA BEACH FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

19 NORTH SIXTH STREET FERNANDINA BEACH FL 32034

26

27

28

29

DAILPAIN CHECK #

Date Incorporated or Qualifed

09/17/1986

59-1502178

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

FEI Number

F04
K2 1251255

WADE, WILLIAM 875 OAK LANE			82	Street	Address (P.O. Box Nu	ımber is No	t Accepta	able)		
FERNAND	INA BEACH FL 32034		83							
			84	City					85 Zip	Code
<del></del>	to the provisions of Sections 617.0502 and 617	4500 Fireids Chabitas	10000	nemad	normaration automita ti	nie statama	nt for the	FL.	changing its	registered
office or re	to the provisions of Sections 617.0502 and 617 egistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, S	Such change was auth	orized by	the corpo	pration's board of direc	ctors. I here	eby acce	ot the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if ag	onicania (NOTÉ: Ra	gistered Agen	signature n	equired when reinstating)	<del></del>		DATE		
12.	OFFICERS AND DIRECT		13.	· vagrious o ri	ADDITIONS	CHANGE	S TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		PD				☐ Change	Addition
NAME	TOMPKINS, MARY LOU		1.2 NAME	ļ	SELBY , THE	ODORE	1.			1
STREET ADDRESS	4475 PINEY ISLAND COURT		1.3 STREET	ADDRESS	3810 OCEAN					1
CITY-ST-ZIP	FERNANDINA BCH FL 32034		1.4 CITY-ST	- ZiP	FERNANDINA	BEACH	FL	33037		
TITLE	TD	DELETE	2.1 TILE		TD		•		Change	Addition
NAME	HOSMER, WILLIAM		2.2 NAME		TOMPKINS,					j
STREET ADDRESS	P O BOX 462 N/A		2.3 STREET	ADDRESS	4475 PINEY	ESLA N	V Cor	127		
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2.4 CITY-S	T- ZIP	FERNANDINA	BEAC	H FL	32034		
TITLE	SD	☐ OELETE	3.1 TITLE						Change	Addition
NAME	WADE, WILLIAM	ı	3.2 NAME							
STREET ADDRESS	875 OAK LANE	i	3.3 STREET	ADDRESS				•		)
CITY-ST-ZIP	FERNANDINA BEACH FL		3.4. CITY-S	r-ZIP						
TITLE		☐ DELETE	4.1 TITLE	1					Change	Addition
NAME		1	4, 2 NAME						•	
STREET ADDRESS		į	4.3 STREET	ADDRESS						1
CITY-ST-ZIP			4.4 CITY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME		•	5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						i
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					<u> </u>	
TITLE		DELETE	6.1 TITLE						☐ Change	Addition
NAME .			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP	w <sub>n</sub>		6.4 CITY-ST	-ZIP				I further over		

Country

81 Name

30

Interest 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 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, with all other like empowered.

SIGNATURE: THEODORECINGS

904 321 5700 Fxt 166

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable