


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N16837
 1. Entity Name
 FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, INC.



Principal Place of Business Mailing Address
 9 NORTH SIXTH STREET 9 NORTH SIXTH STREET
 FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US

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01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1502178 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WADE, WILLIAM
 875 OAK LANE
 FERNANDINA BEACH, FL 32034

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MEEKS, JACK
STREET ADDRESS	1300 RIVERPLACE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PD
NAME	SELBY, THEODORE J
STREET ADDRESS	2810 OCEAN MIST DR
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	SD
NAME	WADE, WILLIAM <i>Wm Wade</i>
STREET ADDRESS	875 OAK LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/23/05-80022-009 70.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Theodore Selby* 2/7/05 904 548-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #