


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 004 \*\*\*\*70.00

**DOCUMENT # N16837**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH, INC.**



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

Mailing Address  
**9 NORTH SIXTH STREET  
 FERNANDINA BEACH, FL 32034 US**

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

40064441



02282008 Chg-NP CR2E037 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  
 NAME MEEKS, JACK  Delete  
 STREET ADDRESS 1300 RIVERPLACE BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE PD  
 NAME EMILY KUNZLEMAN  Change  Addition  
 STREET ADDRESS 4680 GENOA DR.  
 CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE TD  
 NAME SELBY, THEODORE J  Delete  
 STREET ADDRESS 2810 OCEAN MIST DR  
 CITY-ST-ZIP FERNANDINA BEACH, FL

TITLE TD  
 NAME JACK MEEKS  Change  Addition  
 STREET ADDRESS 1800 RIVERPLACE BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD  
 NAME WADE, WILLIAM  Delete  
 STREET ADDRESS 875 OAK LANE  
 CITY-ST-ZIP FERNANDINA BEACH, FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *William H. Wade* **WILLIAM H. WADE** 23 MAR 2008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #