

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

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17230**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF LAKE CITY,  
FLORIDA, INC.**



Principal Place of Business  
**697 SW BAYA DR.  
LAKE CITY, FL 32025 US**

Mailing Address  
**PO BOX 469  
LAKE CITY, FL 32056 US**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1319085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NORRIS, GUY W  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
BROWN III, CLARENCE  
788 SW EL PRADO DRIVE  
LAKE CITY, FL 32025**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PERSONS, JOSEPH  
801 SW SEMINOLE TERRACE  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MCCARTHY, JOHN  
366 SW SLASH LANE  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
CARTER, TANDY W  
104 SW TRUFFLES GLEN  
LAKE CITY, FL 32024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000876456  
04/11/08-80073-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*John P. McCarthy*  
**John P. McCarthy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/08**  
Date

**386-961-7576**  
Daytime Phone #