2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N17230

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

Current Principal Place of Business:

697 SW BAYA DR.
LAKE CITY, FL 32025 US

New Principal Place of Business:

608 W DUVAL STREET
LAKE CITY, FL 32055 US

Current Mailing Address:

PO BOX 469
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-1319085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VT ( ) Delete
Name: BROWN III, CLARENCE
Address: 788 SW EL PRADO DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: ST ( ) Delete
Name: PERSONS, JOSEPH
Address: 801 SW SEMINOLE TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: T ( ) Delete
Name: MCCARTHY, JOHN
Address: 366 SW SLASH LANE
City-St-Zip: LAKE CITY, FL 32024

Title: PT ( ) Delete
Name: CARTER, TANDY W
Address: 104 SW TRUFFLES GLEN
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE BROWNIII VT 04/29/2009
Electronic Signature of Signing Officer or Director — Date