

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 050 ****61.25

DOCUMENT #N18649

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF LAKE MARY, INC.



Principal Place of Business

**128 W. WILBUR AVENUE
LAKE MARY FL 32795-7416**

Mailing Address

**128 W. WILBUR AVENUE
LAKE MARY FL 32795-7416**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1623314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKLYN, JEAN
145 N PALMETTO ST.
LAKE MARY FL 32746**

Name **Mary Villito**

Street Address (P.O. Box Number is Not Acceptable)

128 W. Wilbur Ave

City **La Ke Mary**

FL

Zip Code **32746**

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

Mary Villito

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKLYN, JEAN	
STREET ADDRESS	145 N PALMETTO ST	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IZQUIERDO, RICK	
STREET ADDRESS	749 CHEEKWATER TERRACE APT 201	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	AVERY, OWEN	
STREET ADDRESS	619 ORCHID LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	PENNOCK, FRED	
STREET ADDRESS	5 SUNSET DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, CINDY	
STREET ADDRESS	434 W LAKEVIEW AVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, EVELYN	
STREET ADDRESS	243 N COUNTRY CLUB RD	
CITY-ST-ZIP	LAKE MARY FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert L. Gure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #