

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90026 007 \*\*\*\*61.25

<b>DOCUMENT # N18649</b> 1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF LAKE MARY, INC.</b>					
Principal Place of Business <b>128 W. WILBUR AVENUE LAKE MARY, FL 32795-7416</b>			Mailing Address <b>128 W. WILBUR AVENUE LAKE MARY, FL 32795-7416</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1623314</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02052008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>VILLILO, MARY 128 W WILBUR AVE LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROOKLYN, JEAN</b> <b>145 N PALMETTO ST</b> <b>LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Fred Burleson</b> <b>400 Myrtal St</b> <b>Sanford FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>IZQUIERDO, RICK</b> <b>749 CHEEKWATER TERRACE APT 201</b> <b>LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>George Small</b> <b>404 Edwin St</b> <b>Winter Springs FL 32708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THOMPSON, JAMES</b> <b>117 OAKS COURT</b> <b>SANFORD, FL 32771</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOHNSTON, CINDY</b> <b>434 W LAKEVIEW</b> <b>LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Brooklyn, Jean</b> <b>145 N Palmetto St</b> <b>LAKE MARY FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, DONNA</b> <b>117 OAKS COURT</b> <b>SANFORD, FL 32771</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICE, EVELYN</b> <b>243 N COUNTRY CLUB RD</b> <b>LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>James B. Thompson</u> <u>James B. Thompson</u> <u>2-5-08</u> <u>407-321-1021</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					