FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90127 047 ****61.25

DOCUMENT # N37145

1. Corporation Name

MIDDLEBURG PRESBYTERIAN CHURCH, INC.

Principal Place of Busine
4564 ROSEMARY
POST OFFICE BOX 772
MIDDLEBURG FL 32020
110

2. Principal Place of Business

Mailing Address

4564 ROSEMARY POST OFFICE BOX 772 MIDDLEBURG FL 32050

2a. Mailing Address

 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

3. Date Incorporated or Qualifed

21	same	26 Same			03/19/1990				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For		
22		27			59-2786754	Not	t Applicable		
City & Stat	8	City & State		5. Certificate of Status Desired	\$8.75 A				
23		28			5. Certificate of Status Desired	Fee Red	quired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be		
24	25	29 3	0		Trust Fund Contribution	Added to	Fees		
\ 1	9. Name and Address of Current				10. Name and Address of New Registered	l Agent			
			81	Name			•		
DDOMAL I	DON		82	C44 A -1-1-	ress (P.O. Box Number is Not Acceptable)				
BROWN, I			62	Street Add	ress (F.O. Box Number is Not Acceptable)				
4564 ROS			83						
MIDDLEBO	JRG FL 32068								
	•		84	City	FI	85 ~ Zip C	ode		
11	to the provisions of Sections 517 0503	and 617 1508 Florida Statutes	the above	-named corr	poration submits this statement for the numose of	of changing its	registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiarly with, and accept the obligations of Section 617.0503, Florida Statutes.									
agent. I a	m familiar with, and accept the obligati	ons of Section 617.0503, Florid	la Statutes. ۸		D. Reames 4-6-	-99			
SIGNATURE	oconour ny	Brown			O " Diecocoro				
12.	Signature, typed or printed name of registered agent OFFICERS ANI		agistered Agen	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
		X DELETE	1.1 TITLE			☐ Change	Addition		
TITLE	O	· VADELLIE		.	D		~		
NAME	OTTIE, SUSIE		1.2 NAME		Marsha Null				
STREET ADDRESS	4564 ROSEMARY		1.3 STREET		4564 Rosemary St.				
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY-ST	r-ZIP	<u> Middleburg, FL</u>	Change	Addition		
TITLE	D	☐ DELETE	2.1 TITLE			Cuarige			
NAME	CHRISTIAN, EARL		2.2 NAME						
STREET ADDRESS	4564 ROSEMARY ST		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIDDLEBURG FL	<u> </u>	2.4 CITY-S	T-ZIP					
TITLE	D .	☐ DELETE	3.1 TITLE			Change	Addition		
NAME	BREWER, CAROL		3.2 NAME						
STREET ADDRESS	4564 ROSEMARY		3.3 STREET	ADDRESS	•		*		
CITY-ST-ZIP	MIDDLEBURG FL		3.4. CITY-S	T-21P		<u> </u>			
TITLE	0	X 🖈 DELETE	4.1 TITLE		D.	☐ ChangeX	X X Addition		
NAME	BEARDEN, KENNETH		4. 2 NAME		D William Jenkins	•			
STREET ADDRESS	4564 ROSEMARY		4.3 STREET	ADDRESS	4564 Rosemary St.				
CITY-ST-ZIP	MIDDLEBURG FL	•	4.4 CITY-S1	r-ZIP	Middleburg, FL				
TITLE	D D	☐ DELETE	5.1 TITLE			Change	Addition		
NAME	RINGLER, LEN		5.2 NAME						
STREET ADDRESS	4564 ROSEMARY		5.3 STREET	ADDRESS					
	MIDDLEBURG FL		5.4 CITY-S	i					
CITY-ST-ZIP	D D	X 🔀 DELETE	6.1 TITLE		n -	☐ Change X	X X Addition		
NAME	JACKSON, JUDITH	~ ~	6.2 NAME		Tom Touw, Sr.				
			6.3 STREET	ADDRESS	4564 Rosemary St.				
STREET ADDRESS	4564 ROSEMARY ST				•				
CITY-ST-ZIP	MIDDLEBURG FL		6.4 CITY-S	1 · ZW	Middleburg, FL				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

904-282-0130

Daytime Phone #

CR2E037 (11/98)