

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41150 (6)**  
1. Corporation Name  
**THE FIRST PRESBYTERIAN CHURCH OF STUART, FLORIDA, INC.**



Principal Place of Business: **1715 N.W. PINE LAKE DR. STUART FL 34994**  
Mailing Address: **1715 N.W. PINE LAKE DR. STUART FL 34994**

3. Date Incorporated or Qualified: **12/02/1990**  
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-6208762**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **KOERSELMAN, LES DR. 1715 N.W. PINE LAKE DR. STUART FL 34994**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBRIGHT, CHRIS</b>	1.2 NAME	
STREET ADDRESS	<b>2387 NE 16TH CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEHRENS, MAJORIE</b>	2.2 NAME	<b>Polly Shafer</b>
STREET ADDRESS	<b>1900 S. KANNER HWY #208-3</b>	2.3 STREET ADDRESS	<b>1951 SE Erwin Rd.</b>
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	<b>Port St. Lucie, FL 34952</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMSEY, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 9611 NA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINSLER, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1346 NW PINE RIDGE TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACNEILL, DOROTHY</b>	5.2 NAME	
STREET ADDRESS	<b>1490 SE COLCHESTER CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUGHTERSON, WM A</b>	6.2 NAME	
STREET ADDRESS	<b>310 SW OCEAN BLVD</b>	6.3 STREET ADDRESS	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 alteration with an address.

SIGNATURE: *[Signature]* **2-2-96** **407-287-0660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)