

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90040 011 \*\*\*\*70.00

**DOCUMENT # N42585**

1. Entity Name  
**THE FIRST PRESBYTERIAN CHURCH OF MOUNT DORA, INC.**



Principal Place of Business  
**222 W 6TH AVE  
MOUNT DORA, FL 32757**

Mailing Address  
**222 W 6TH AVE  
MOUNT DORA, FL 32757**

**50032140**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-0940288**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**STEPHANY, EDWARD G  
2585 LAKSHORE DR  
MOUNT DORA, FL 32757**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Makes check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SCOTT, FRANK  
4705 SLOEWOOD DRIVE  
MT. DORA, FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FARNER, PAT  
2236 SHERIDAN RD  
MOUNT DORA, FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SDT  
STEPHANY, EDWARD  
2585 LAKESHORE DR  
MOUNT DORA, FL 32757 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
#N42581-  
50032140

\*\*\* PASSPORT PHOTO RECEIPT \*\*\*

WAL-MART PORTRAIT STUDIO  
STUDIO: 00705

Tuesday November 30, 2004 11:26 AM

PHOTO WEEK: 200444 ROLL/CUST#: 99/509

PORTRAIT ORDER \$10.95

COUPON \$0.00

SUB TOTAL 10.95

TAX \$0.77

TOTAL ORDER \$11.72

AMOUNT TENDERED \$15.00

CASH

AMOUNT CHANGE \$3.28

THANK YOU FOR YOUR PURCHASE!  
IF YOU NEED FURTHER ASSISTANCE,  
CALL LYNETTE S.  
AT (352) 735-2770