

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43940** (8)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF CRESTVIEW, INC.

Principal Place of Business Mailing Address
U.S. HIGHWAY 90 & STATE ROAD 85
CRESTVIEW FL 32536 PO BOX 596
CRESTVIEW FL 32536
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 03/31/1994
4. FEI Number 59-1711838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
POWELL, GILLIS E., JR
422 N. MAIN STREET
P.O. BOX 277
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.1505, Florida Statutes.

SIGNATURE *John E. Powell, Jr* DATE 2/27/95
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAY, FRANK
STREET ADDRESS	ROUTE 1, BOX 200
CITY-ST-ZIP	BAKER FL
TITLE	D
NAME	WILLIAMS, JOAN
STREET ADDRESS	RTE. 4 BOX 322
CITY-ST-ZIP	CRESTVIEW FL
TITLE	DS
NAME	GRAHAM, THOMAS E.
STREET ADDRESS	5263 FOUR LAKES RD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	POWELL, GILLIS E. SR.
STREET ADDRESS	331 ADAMS DR.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	CLEMMONS, ALEX
STREET ADDRESS	311 POWELL DR.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	HUGH, ALLAN
STREET ADDRESS	303 POWELL DR
CITY-ST-ZIP	CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMPBELL, BEACH	
1.3 STREET ADDRESS	6167 OLD BETHEL ROAD	
1.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, KAY	
2.3 STREET ADDRESS	304 WEDGEWOOD LANE	
2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 attachment with an address.

SIGNATURE: *Thomas E. Graham* **THOMAS E. GRAHAM** Feb 27, 1995 (904) 682-7525
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR DATE