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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32536-0596  
US

3. Date Incorporated or Qualified **06/19/1991** 3a. Date of Last Report **01/29/1996**

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

4. FEI Number **59-1711838** Applied For  
Not Applicable  
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  
**POWELL, GILLIS E., JR  
422 N. MAIN STREET  
- P.O. BOX 277  
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D Elder</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, BEACH</b>	1.2 NAME	
STREET ADDRESS	<b>6167 OLD BETHEL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D Elder</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, KAY</b>	2.2 NAME	
STREET ADDRESS	<b>304 WEDGEWOOD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>E</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>B TERREL HANNA</b>	3.2 NAME	
STREET ADDRESS	<b>118 OVERVIEW DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>E</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, GILLIS E. JR.</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 277 422 N. Main Street</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Elder</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLEMMONS, ALEX</b>	5.2 NAME	<b>Thomas E. Graham</b>
STREET ADDRESS	<b>311 POWELL DR.</b>	5.3 STREET ADDRESS	<b>5263 Four Lake Dr.</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	5.4 CITY-ST-ZIP	<b>Crestview, FL 32539</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Elder</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUGH, ALLAN</b>	6.2 NAME	<b>Clem Payton</b>
STREET ADDRESS	<b>303 POWELL DR</b>	6.3 STREET ADDRESS	<b>150 Adams Dr.</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	6.4 CITY-ST-ZIP	<b>Crestview, FL 32536</b>

14. I do 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.

SIGNATURE: B. S. Terrel Hanna 2-8-97 882-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073454

CR2E037 (9/96)