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02-24-1999 90013 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N43940**

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF CRESTVIEW, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1711838	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
POWELL, GILLIS E., JR 422 N. MAIN STREET P.O. BOX 277 CRESTVIEW FL 32536			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOAN	1.2 NAME	
STREET ADDRESS	3430 MELISSA LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, SR G	2.2 NAME	
STREET ADDRESS	422 N MAIN ST P O BOX 277	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B TERREL HANNA	3.2 NAME	Campbell, Beach
STREET ADDRESS	903 OAKWOOD WY	3.3 STREET ADDRESS	6167 Old Bethel Rd.
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	Crestview, FL 32536
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN, HUGH	4.2 NAME	Crawford, Tim
STREET ADDRESS	303 POWELL DR	4.3 STREET ADDRESS	441 Northview Lane
CITY-ST-ZIP	CRESTVIEW FL 32536	4.4 CITY-ST-ZIP	Crestview, FL 32536
TITLE	ED <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, THOMAS E	5.2 NAME	Courtney, Elaine
STREET ADDRESS	5263 FOUR LAKE DR	5.3 STREET ADDRESS	5263 Four Lake Dr.
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	Crestview, FL 32539
TITLE	ED <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Elder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYTON, CLEM	6.2 NAME	Kublik, Joanne
STREET ADDRESS	150 ADAMS DR	6.3 STREET ADDRESS	112 Nicole Lane
CITY-ST-ZIP	CRESTVIEW FL	6.4 CITY-ST-ZIP	Crestview, FL 32539

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: B. G. Terrel Hanna 1-7-99 850-682-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)