

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90081 010 ****61.25

DOCUMENT # N43940

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1711838

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

POWELL, GILLIS E SR
422 N. MAIN STREET
P.O. BOX 277
CRESTVIEW FL 32536

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.

SIGNATURE

Gillis E. Powell Sr

Gillis E. Powell, Sr.

02-08-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DE Delete
 NAME WILLIAMS, JOAN
 STREET ADDRESS 3430 MELISSA LN
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE Mrs. Change Addition
 NAME Lillian Ankelein
 STREET ADDRESS 4256 Antioch Rd.
 CITY-ST-ZIP Crestview, FL 32536

TITLE DE Delete
 NAME POWELL, SR G
 STREET ADDRESS 422 N MAIN ST P O BOX 277
 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ED Delete
 NAME CAMPBELL, BEACH
 STREET ADDRESS 6167 OLD BETHEL ROAD
 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE Mr. Change Addition
 NAME Daniel Campbell
 STREET ADDRESS 2893 Airport Rd.
 CITY-ST-ZIP Crestview, FL 32539

TITLE ED Delete
 NAME CRAWFORD, TIM
 STREET ADDRESS 441 NORTHVIEW LANE
 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE E Delete
 NAME BALLARD, RONALD
 STREET ADDRESS 1913 BAYSHORE DR
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE E Delete
 NAME HANNA, TERREL
 STREET ADDRESS 903 OAKWOOD WAY
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Rebecca Campbell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2001 850-682-2835
 Date Daytime Phone #

CR2E037 (10/00)