


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90498 001 ****61.25
 05-06-2004 90498 002 ***150.00

DOCUMENT # N43940

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



Principal Place of Business
 492 NORTH FERDON BLVD
 CRESTVIEW, FL 32536


Mailing Address
 PO BOX 596
 CRESTVIEW, FL 32536 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent

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



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1711838

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANKELEIN, LILLIAN	
STREET ADDRESS	4256 ANTIOCH ROAD	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POWELL, SR G	
STREET ADDRESS	422 N MAIN ST P O BOX 277	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, KAY	
STREET ADDRESS	304 WEDGEWOOD LANE	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	COURTNEY, ELANIE	
STREET ADDRESS	5263 FOUR LAKE DRIVE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRANT, BETH	
STREET ADDRESS	1959 DOVE LANE	
CITY-ST-ZIP	BAKER, FL 32531	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOAN	
STREET ADDRESS	3430 MELISSA LANE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanna, Terrel	
STREET ADDRESS	903 Oakwood Way	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crawford, Tim	
STREET ADDRESS	441 Northview Lane	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gillis E. Powell Sr Date: MAY 3 - 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILLIS E. POWELL (SR)



Attachment N43940/66419852

First Presbyterian Church

P.O. BOX 596

CRESTVIEW, FLORIDA 32536

(850) 682-2835

April 30, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Florida Department of State,

I am writing to appeal to the kindness of the state. Due to circumstances beyond our control our church internet service has been disabled until last week. I could not print off a copy of the annual report until then. Also I do not have access to officers that can readily sign the form. We are a very small church with and older congregation. Please, please accept the money that is enclosed and do not charge us the \$400.00 late fee.

Thank you so much.

A handwritten signature in cursive script that reads "Leona F. Garvin".

Leona F. Garvin,
Secretary

Sworn to and subscribed before me this the 3rd day of May, 2004 by Leona F. Garvin, who is personally known to me.

A handwritten signature in cursive script that reads "Lyla C. Peacock".
NOTARY PUBLIC

Lyla C. Peacock
MY COMMISSION # DD062810 EXPIRES
December 6, 2005
CONDED THRU TROY FAIN INSURANCE, INC.