


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90267 023 \*\*\*\*61.25

<b>DOCUMENT # N43940</b>	
1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF CRESTVIEW, INC.</b>	

Principal Place of Business <b>492 NORTH FERDON BLVD CRESTVIEW, FL 32536</b>	Mailing Address <b>PO BOX 596 CRESTVIEW, FL 32536 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1711838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
<b>POWELL, GILLIS E SR 422 N. MAIN STREET P.O. BOX 277 CRESTVIEW, FL 32536</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	<b>FL</b>	

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)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HANNA, TERREL</b>	NAME			
STREET ADDRESS	<b>903 OAKWOOD WAY</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CRAWFORD, TIM</b>	NAME			
STREET ADDRESS	<b>441 NORTHVIEW LANE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW, FL 32539</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MILLER, THOMAS A</b>	NAME			
STREET ADDRESS	<b>304 WEDGEWOOD LANE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW, FL 32536</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ALLAN, HUGH D</b>	NAME			
STREET ADDRESS	<b>303 POWELL DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW, FL 32536</b>	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BRANT, BETH</b>	NAME			<b>T Miller, Karl</b>
STREET ADDRESS	<b>1959 DOVE LANE</b>	STREET ADDRESS			<b>108 Mill Stone Cove</b>
CITY-ST-ZIP	<b>BAKER, FL 32531</b>	CITY-ST-ZIP			<b>Crestview, FL 32539</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, JOAN</b>	NAME			
STREET ADDRESS	<b>3430 MELISSA LANE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW, FL 32539</b>	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Timothy J. Crawford **Timothy J. CRAWFORD** **Jan 11, 2005** **850 682-2835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #