

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43940

FILED  
Apr 09, 2008  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF CRESTVIEW, INC.

**Current Principal Place of Business:**

492 NORTH FERDON BLVD  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 596  
CRESTVIEW, FL 32536 US

**New Mailing Address:**

492 NORTH FERDON BLVD  
CRESTVIEW, FL 32536

**FEI Number:** 59-1711838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, GILLIS E SR  
422 N. MAIN STREET  
CRESTVIEW, FL 32536 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: COURTNEY, ELAINE  
Address: 5263 FOUR LAKES RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete  
Name: CRAWFORD, TIM  
Address: 1 CONNIE DR  
City-St-Zip: SHALIMAR, FL 32579

Title: T ( ) Delete  
Name: MILLER, THOMAS A  
Address: 304 WEDGEWOOD LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete  
Name: ALLAN, HUGH D  
Address: 303 POWELL DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete  
Name: BRANT, BETH  
Address: 1959 DOVE LN  
City-St-Zip: BAKER, FL 32531

Title: T ( ) Delete  
Name: WILLIAMS, JO-AN  
Address: 3430 MELISSA LANE  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SANTIAGO, RUTH  
Address: 120 NICOLE LANE  
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM CRAWFORD

T

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date