

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 21, 2009
Secretary of State**

DOCUMENT# N43940

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:**492 NORTH FERDON BLVD
CRESTVIEW, FL 32536**New Mailing Address:**

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:**POWELL, GILLIS E SR
441 MIRACLE STRIP PKWY
MARY ESTHER, FL 32569 US

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:

07/21/2009

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 32539Title: T () Delete
Name: CRAWFORD, TIM
Address: 1 CONNIE DR
City-St-Zip: SHALIMAR, FL 32579Title: T () Delete
Name: MILLER, THOMAS A
Address: 304 WEDGEWOOD LANE
City-St-Zip: CRESTVIEW, FL 32536Title: T () Delete
Name: SANTIAGO, RUTH
Address: 120 NICOLE LANE
City-St-Zip: CRESTVIEW, FL 32539Title: T () Delete
Name: BRANT, BETH
Address: 1959 DOVE LN
City-St-Zip: BAKER, FL 32531Title: 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: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: THALACKER, PATRICIA
Address: 6047 BLUEBERRY LN
City-St-Zip: CRESTVIEW, FL 32536

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: PATRICIA THALACKER

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07/21/2009

Electronic Signature of Signing Officer or Director

Date