

**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 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:** SANTIAGO, RUTH  
**Address:** 120 NICOLE LANE  
**City-St-Zip:** CRESTVIEW, FL 32539**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:** ( ) 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