

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90090 047 ****61.25

DOCUMENT # N43940



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

Principal Place of Business
**U.S. HIGHWAY 90 & STATE ROAD 85
CRESTVIEW FL 32536**

Mailing Address
**PO BOX 596
CRESTVIEW FL 32536
US**

2. Principal Place of Business
492 North Ferdon Blvd.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Crestview, FL 32536

City & State
City & State

4. FEI Number **59-1711838**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**POWELL, GILLIS E SR
422 N. MAIN STREET
P.O. BOX 277
CRESTVIEW FL 32536**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	T ANKELEIN, LILLIAN <input type="checkbox"/> Delete 4256 ANTIOCH ROAD CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, SR G <input type="checkbox"/> Delete 422 N MAIN ST P O BOX 277 CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, HOYT <input checked="" type="checkbox"/> Delete PO BOX 1677 CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COURTNEY, ELANIE <input type="checkbox"/> Delete 5263 FOUR LAKE DRIVE CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALLARD, RONALD <input checked="" type="checkbox"/> Delete 1913 BAYSHORE DR NICEVILLE FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNA, TERREL <input checked="" type="checkbox"/> Delete 903 OAKWOOD WAY NICEVILLE FL 32578

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kay Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 Wedgewood Lane Crestview, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Beth Brant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1959 Dove Lane Baker, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JoAn Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3430 Melissa Lane Crestview, FL 32539

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: *Signature* **01-16-03** 850-682-2835

CR2E037 (10/02)