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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N50890 (5)

FIRST PRESBYTERIAN CHURCH OF PORT ST. JOE, FLORI

Mailing Address Principal Place of Business 508 16TH STREET 508 16TH STREET PORT ST. JOE FL 32456 PORT ST. JOE FL 32456 3a. Date of Last Report 3. Date Incorporated or Qualified 02/10/1995 09/17/1992 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-6558320 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp Country Zφ ☐ Yes ☐ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GIBSON, THOMAS S. 82 303 FOURTH STREET 83 PORT ST. JOE FL 32456 Zip Code 85 **84** City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition Change []DELETE 11 TITLE TITLE 1.2 NAME NAME GIBSON, THOMAS S. 13 STREET ADDRESS 303 4TH STREET STREET ADDRESS 1.4 CITY-ST-ZIP PORT ST. JOE FL C-TY -ST - ZIP Change Addition []DELETE 2 1 TITLE TIME 22 NAME NAME MATHYS, HARRY 2 3 STREET ADDRESS STREET ADORESS 223 SEA PINES LAND, RT.2 2 4 CITY - ST - ZIP PORT ST. JOE FL. CITY - ST - ZIP ☐ Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME LAND, LILLIE 3.3 STREET ADDRESS 907 GARRISON AVENUE STREET ADDRESS 3 4. C(TY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify by the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 cornoration or the receiver or trustee embowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charteful the other statutes. 64 CITY - ST - ZIP

4.1 TITLE

4 2 NAME

51 TILE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

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NAME

PORT ST. JOE FL.

SULZER, SALLY

PORT ST. JOE FL

225 CORTEZ ST..RT.2

SIGNATURE AND TYPED OR PRINTED NAME

DELETE

DELETE

DELETE

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