

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50890 (5)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF PORT ST. JOE, FLORIDA, INC.



Principal Place of Business 508 16TH STREET PORT ST. JOE FL 32456	Mailing Address 508 16TH STREET PORT ST. JOE FL 32456
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3. Date Incorporated or Qualified 09/17/1992	
4. FEI Number 59-6558320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GIBSON, THOMAS S.
303 FOURTH STREET
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	GIBSON, THOMAS S.	<i>Vice Pres</i>	<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		303 4TH STREET		
CITY-ST-ZIP		PORT ST. JOE FL		
TITLE	D	MATHYS, HARRY		<input checked="" type="checkbox"/> DELETE
NAME				
STREET ADDRESS		223 SEA PINES LAND, RT. 2		
CITY-ST-ZIP		PORT ST. JOE FL		
TITLE	D	LAND, LILLIE	<i>Pres.</i>	<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		907 GARRISON AVENUE		
CITY-ST-ZIP		PORT ST. JOE FL		
TITLE	D	SULZER, SALLY		<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS		225 CORTEZ ST..RT. 2		
CITY-ST-ZIP		PORT ST. JOE FL		
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Elizabeth Stuart</i>
2.3 STREET ADDRESS	<i>2008 Juniper Av</i>
2.4 CITY-ST-ZIP	<i>Port St Joe, FL 32456</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002461948
6.3 STREET ADDRESS	-03/19/98--01022--012
6.4 CITY-ST-ZIP	***61.25

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Thomas S. Gibson** *1/12/98* *850 229.8211*

CR2E037 (10/97)