

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50890

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF PORT ST. JOE, FLORIDA, INC.

**Current Principal Place of Business:**

508 16TH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

508 16TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 59-6558320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBSON, THOMAS S.  
116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DVP      ( ) Delete  
Name: GIBSON, THOMAS S.,  
Address: 116 SAILORS COVE DRIVE  
City-St-Zip: PORT ST. JOE, FL

Title: DP      ( ) Delete  
Name: LAND, LILLIE,  
Address: 907 GARRISON AVENUE  
City-St-Zip: PORT ST. JOE, FL

Title: D      ( ) Delete  
Name: AMBROSE, BETTY  
Address: 508 16TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS S. GIBSON

VP

03/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date