

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50890

FILED
Mar 05, 2009
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: DP () Delete
Name: GIBSON, THOMAS P
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: DVP () Delete
Name: SHIPLEY, DAVID VP
Address: 100 3RD STREET
City-St-Zip: MEXICO BEACH, FL 32410

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

Title: DS () Delete
Name: MALONE, SALLY S
Address: 135 PONCE DE LEON
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS S GIBSON

P

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date