عنست عريف

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300001403

1. Corporation Name

## FIRST PRESBYTERIAN CHURCH OF DELAND. FLORIDA, IN C.

Principal Place of Business 724 N. WOODLAND BLVD. DELAND FL 32720 Mailing Address

724 N. WOODLAND BLVD. DELAND FL 32720

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90019 024 \*\*\*\*61.25

364079 - 90194 - 48 9



									1
2. Principal P	lace of Business	2a. Mailing Address			}	3. Date Incorporated or Qualified 03/29/1993			ł
21		26				4. FEI Number	TIA	oplied For	ì
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- {	59-0838091		ot Applicable	i
22	27	State———————————————————————————————————					Additional	تند	
City & State		City & State			-	5. Certificate of Status Desired Fee Required			
23 <u>710</u>	Zip Country Zip			Country		6. Election Campaign Financing \$5.00 May 8			1
	25 29 30			,		Trust Fund Contribution Added to Fees			
241	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A			1
At two to and trought or a state of the stat				Name ,	n		<u>*</u>		[
PROMPI MILLIANE P						ice E. Hedgepeth			ł
BROWN, WILLIAM D			8:	2 Street A	ddres	ss (P.O. Box Number Is Not Acceptable)		,	ł
724 N WOODLAND BOULEVARD			8:	1					1
DELAND FL 32720					72 <u>4</u>	N. Woodland Blud.	<del></del>		1
						and FL	85 32	720	1
11. Pursuant to the provisions of Sections 817.0502 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									
									١.
111111111111111111111111111111111111									
SIGNATURE	Signature, typed or printed name of registered agent as	·	gistered /g	nt signature req	outrad (d				S S
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			11/08
TITLE	D	X DELETE	1.1 TITLE		D		☐ Change	Addition	2
NAME	VEECH, ALEXANDER		1.2 NAME			nry Montgomery			2
STREET ADDRESS	285 KINCAID AVENUE					57 Glenwood Trails 🥌		į.	22E037
CITY-ST-ZEP	ELAND FL		1.4 CITY-ST-ZIP _ D 6		Del	Land, FL 32720			8
TITLE	D	☐ DELETE	2.1 TITLE			•	Change	☐ Addition	C
NAME	HUTCHISON, MILTON		22 NAME	•		•		}	
STREET ADDRESS	3408 BLACK WILLOW TRAIL		2.3 STREET ADDRESS						
CTTY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP						}
TITLE	D .	☐ DELETE	3.1 TITLE				Change	Addition	l
NAME	RAUP, LEE		32 NAME			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	166 BAY COURT		3.3 STREET ADDRESS						
CITY-ST-ZIP	DELAND FL	i		3.4. C/TY-ST-ZIP					l
HILE .	D	☐ OELETE	4.1 TITLE			•	Change	Addition	ł
NAME	JAHNKE, GUST			4. 2 NAME				}	ļ
STREET ADDRESS	528 E FRENCH AVENUE		4.3 STREE	ET ADORESS				•	1
CITY-ST-ZIP	ORANGE CITY FL		4.4 CITY-	ST-ZEP					ł
TITLE	D	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	DREGGORS, LEAH		5.2 NAME	[				ł	
STREET ADDRESS	528 W UNIVERSITY AVENUE		5.3 STRE	ET ADORESS				}	l
CJTY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP .						l
TITLE	D	☐ DELETE	6.1 TITLE		ン		Change	☐ Addition	1
NAME	DREGGORS, CHYREL		6.2 NAME	ţ		<b>'-</b>		Į.	ĺ
	806 BAY TREE CIRCLE		6.3 STREE	TADDRESS				İ	ĺ
CITY-ST-ZIP	DELAND FL		8.4 CITY-S	3T-ZIP				1	1
14. I hereby o	ertify that the information supplied with I	his filing does not qualify for the			n Sec	tion 119.07(3)(I), Florida Statutes. I further certif	y that the I	nformation	

6. I hereby certify that the information supplied with this filling 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 eath; 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, with all other like empowered.

SIGNATURE: 15 MUSICA

MIBIENATRY REQUIRED

2/9/99 (904) 734-6212