

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91230 043 ****70.00

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|---|---|--|---|--|--|
| DOCUMENT # N93000001403 1. Entity Name FIRST PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC. | | | | | |
| Principal Place of Business 724 N. WOODLAND BLVD. DELAND, FL 32720 | | | Mailing Address 724 N. WOODLAND BLVD. DELAND, FL 32720 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ESHLEMAN, PATRICIA 1411 WYNGATE DRIVE DELAND, FL 32724 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLEMENTS, JAMES 725 N. ADELLE AVE. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINSLEY, NANCY 706 N. GARFIELD AVE. DELAND, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMBACHTSHEER, KATHY 1701 E. MINNESOTA AVE. DELAND, FL 32724 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABERNATHY, MARTA 1070 W. VILLAGE GREEN RD. DELAND, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAPIER, KEITH 829 LINCOLN ROAD DELAND, FL 32724 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REED, ROBERT 715 ALBERT LANE DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOGLE, RICHARD 416 W PENNSYLVANIA AVE DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOGLE, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLAPPEY, ANGELA 504 N. BOSTON AVE. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINTER, JAMES 2963 PAULINI DRIVE DELAND, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Richard Hogle</u> RICHARD HOGLE <u>4/29/04</u> <u>C/O CHURCH 386 734 6212</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |