2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001403

FILED Apr 16, 2008 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 724 N. WOODLAND BLVD. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 724 N. WOODLAND BLVD. DELAND, FL 32720 FEI Number: 59-0838091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUTHRIE, SANDRA DICKINSON, KAREN 3351 BLACK WILLOW TRAIL 820 E. WISCONSIN AVE DELAND, FL 32724 DELAND, FL 32724 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: KAREN DICKINSON 04/16/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CRAIG, CHARLES BAILEY, BONNIE Name: Name: 1509 RED PLUM HOLLOW Address: 408 E. RICH AVE. Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724 Title: Title: (X) Change () Addition () Delete ALLISON, SUSAN Name: LANGELL, DAVID Name: Address: 1670 TWIN OAKS DR. Address: 437 W. HOGLE AVE City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720 Title: () Delete Title: () Change () Addition CASKEY, ANN Name: Name: Address: 703 ALBERT LANE Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LISKA, FRANK Name: 1520 E. SILVER HAMMOCK Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: () Change () Addition HOGLE, RICHARD Name: Name: 416 W PENNSYLVANIA AVE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition KINSLEY, KIM Name: Name: Address: 706 N. GARFIELD AVE Address: DELAND, FL 32724 City-St-Zip: 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: KAREN DICKINSON RA 04/16/2008