

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002125

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** THE FIRST PRESBYTERIAN CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

1063 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

**Current Mailing Address:**

1063 CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

**FEI Number:** 59-2526160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUTHARD, BENTON M. III  
534 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 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: D ( ) Delete  
Name: MOONEY, BECKIE MRS.  
Address: 62 BAY AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: CAMPBELL, JANET MRS.  
Address: 1287 S. 2ND STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: DEES, JAMES  
Address: 1097 BOB MCCASKILL DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: KELLY, JOYCE  
Address: 1257 S. 2ND STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: SOUTHARD, BENTON M MR.  
Address: 534 CIRCLE DRIVE; PO BOX 564  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: COSSON, CHARLES MR.  
Address: 274 CHESS SPENCE RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, JANET MRS.  
Address: 155 BAY AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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 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: BENTON M. SOUTHARD III

MR.

04/18/2006

Electronic Signature of Signing Officer or Director

Date