


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000002125</b>	
1. Entity Name <b>THE FIRST PRESBYTERIAN CHURCH OF DEFUNIAK SPRINGS, FLORIDA, INC.</b>	

Principal Place of Business <b>1063 CIRCLE DR DEFUNIAK SPRINGS, FL 32435 US</b>	Mailing Address <b>1063 CIRCLE DR DEFUNIAK SPRINGS, FL 32435 US</b>
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04192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2526160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>SOUTHARD, BENTON M. III 534 CIRCLE DRIVE DEFUNIAK SPRINGS, FL 32435</b>

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IN THIS SPACE**

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, the registered agent.	
SIGNATURE <i>Benton M. Southard III</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4/19/2007</i>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000726016 05/03/07-80046-002 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, BECKIE MRS. 62 BAY AVENUE DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JANET MRS. 155 BAY AVENUE DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, JAMES 1097 BOB MCCASKILL DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOYCE 1257 S. 2ND STREET DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHARD, BENTON M MR. 534 CIRCLE DRIVE; PO BOX 564 DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSON, CHARLES MR. 274 CHESS SPENCE RD. DEFUNIAK SPRINGS, FL 32435

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, be empowered.		
SIGNATURE: <i>Benton M. Southard III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/19/2007</i>	850 892-5832 <small>Daytime Phone #</small>

Benton M. Southard III