

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000000739**

1. Entity Name

**FREERPORT PRESBYTERIAN CHURCH, INC.**



Principal Place of Business

**340 MAIN ST  
FREERPORT FL 32439**

Mailing Address

**P.O. BOX 287  
FREERPORT FL 32439**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-2354624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHISLER, ABBIE  
345 C ATRIUM CIR  
MIRAMAR BEACH FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Abbie Schissler Abbie Schissler

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when re-appointing)

03-05-08

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **E**  
STREET ADDRESS **CANADAY, SHIRLEY**  
CITY- ST- ZIP **266 PITTS BAYSHORE DR  
FREERPORT FL 32439**

☐ Change ☐ Addition  
NAME **U000000851132**  
STREET ADDRESS **03/25/08-80025-012 61.25**  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **E**  
STREET ADDRESS **CRAIG, FAYE**  
CITY- ST- ZIP **P.O. BOX 338  
FREERPORT FL 32439**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **ET**  
STREET ADDRESS **SCHISLER, ABBIE A**  
CITY- ST- ZIP **345 L' ATRIUM CR.  
SANDESTIN FL 32550**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **E**  
STREET ADDRESS **GOMILLION, TONY**  
CITY- ST- ZIP **P.O. BOX 74  
FREERPORT FL 32439**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **E**  
STREET ADDRESS **GRAVES, ERIK**  
CITY- ST- ZIP **1138 HWY. 20 W.  
FREERPORT FL 32439**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **E**  
STREET ADDRESS **SCHOFIELD, VICKI**  
CITY- ST- ZIP **P.O. BOX 261  
FREERPORT FL 32439**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Abbie A Schissler Abbie Schissler

03-05-08

836-835-2447