

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sand H. Morgan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1995 MAR -2 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005590 (4)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF FORT MEADE, FLORIDA, INC.

400001420424
-03/03/95--01035--001
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1994
3a. Date of Last Report

4. FEI Number Applied for
Applied for

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

Mailing Address

118 NORTH PINE AVE.
FT. MEADE FL 33841

118 NORTH PINE AVE.
FT. MEADE FL 33841

2a. Mailing Address

21 P. O. Box 176
22 Suite, Apt. #, etc.

23 City & State

27 City & State
28 Ft. Meade, FL, 33841

24 Zip Country

29 33841 30 Polk

9. Name and Address of Current Registered Agent

LYTCH, WILLIAM E
118 NORTH PINE AVE.
FT. MEADE FL 33841

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BATES, JAYNE V
STREET ADDRESS	P.O. BOX 952 N/A
CITY-ST-ZIP	FT. MEADE FL 33841
TITLE	DV
NAME	DAVIS, RICHARD H
STREET ADDRESS	24 N. CLEVELAND AVE.
CITY-ST-ZIP	FT. MEADE FL 33841
TITLE	DS
NAME	FORT, CHARLES R
STREET ADDRESS	415 WILLOW OAK CT.
CITY-ST-ZIP	FT. MEADE FL
TITLE	DT
NAME	FORT, RICHARD A JR.
STREET ADDRESS	500 NE FIFTH ST.
CITY-ST-ZIP	FT. MEADE FL
TITLE	DS
NAME	DAVIS, RICHARD L
STREET ADDRESS	P.O. BOX 778 N/A
CITY-ST-ZIP	FT. MEADE FL
TITLE	D
NAME	LOADHOLTES, CAROLINE
STREET ADDRESS	315 N. ORANGE ST.
CITY-ST-ZIP	FT. MEADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bates, Jayne V.	
1.3 STREET ADDRESS	P. O. Box 952 N/A	
1.4 CITY-ST-ZIP	Ft. Meade, FL, 33841	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, Janet	
2.3 STREET ADDRESS	24 N. Cleveland Ave.	
2.4 CITY-ST-ZIP	Ft. Meade, FL-33841	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fort, Richard A. Jr.	
4.3 STREET ADDRESS	500 NE Fifth St.	
4.4 CITY-ST-ZIP	Ft. Meade, FL-33841	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fort, Richard A. Sr	
6.3 STREET ADDRESS	100 N. Oak St.	
6.4 CITY-ST-ZIP	Ft. Meade, FL, 33841	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William E. Lytch* William E. Lytch

1/23/95 (813-285-8357)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Check #