

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005590 (4)

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF FORT MEADE, FLORIDA, INC.



Principal Place of Business
**118 NORTH PINE AVE.
FT. MEADE FL 33841**

Mailing Address
**P.O. BOX 176
FT. MEADE FL 33841
US**

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
APPLIED FOR 59-336-4316

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BATES, JAYNE V	
STREET ADDRESS	P.O. BOX 952 N/A	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIS, JANET	
STREET ADDRESS	24 N. CLEVELAND AVE.	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FORT, CHARLES R	
STREET ADDRESS	415 WILLOW OAK CT.	
CITY-ST-ZIP	FT. MEADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORT, RICHARD A JR.	
STREET ADDRESS	500 NE FIFTH ST.	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DAVIS, RICHARD L	
STREET ADDRESS	P.O. BOX 778 N/A	
CITY-ST-ZIP	FT. MEADE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FORT, RICHARD A SR	
STREET ADDRESS	100 N. OAK ST.	
CITY-ST-ZIP	FT. MEADE FL 33841	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard A. Ford, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-10-96* Daytime Phone _____

CFR2037 (12/95)