


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005590 (4)**

1. Corporation Name

**THE FIRST PRESBYTERIAN CHURCH OF FORT MEADE, FLO
RIDA, INC.**



Principal Place of Business	Mailing Address
118 NORTH PINE AVE. FT. MEADE FL 33841	P.O. BOX 176 FT. MEADE FL 33841-0176 US

3. Date Incorporated or Qualified 11/03/1994	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3364316	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

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	FL 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JAYNE V	1.2 NAME	
STREET ADDRESS	P.O. BOX 952 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JANET	2.2 NAME	
STREET ADDRESS	24 N. CLEVELAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, CHARLES R	3.2 NAME	
STREET ADDRESS	415 WILLOW OAK CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, RICHARD A JR.	4.2 NAME	D
STREET ADDRESS	500 NE FIFTH ST.	4.3 STREET ADDRESS	Hancock, Jeff
CITY-ST-ZIP	FT. MEADE FL 33841	4.4 CITY-ST-ZIP	P. O. Box 952 N/A Ft. Meade, FL 33841
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD L	5.2 NAME	
STREET ADDRESS	P.O. BOX 778 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, RICHARD A SR	6.2 NAME	
STREET ADDRESS	100 N. OAK ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William E. Lytch W. Lytch 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone # 0053631

CR2E037 (9/96)