

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, FLORIDA, INC.

Principal Place of Business 118 NORTH PINE AVE. FT. MEADE FL 33841	Mailing Address P.O. BOX 178 FT. MEADE FL 33841 US
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3. Date Incorporated or Qualified
11/03/1984

4. FEI Number 59-3364316	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 FORT, CHARLES R
82 Street Address (P.O. Box Number is Not Acceptable) 415 WILLOW OAK COURT
83
84 City FORT MEADE
85 Zip Code FL 33841

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 *[Signature]* **C.R. Fort** DATE **4-12-98**

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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, JEFF	4.2 NAME	
STREET ADDRESS	PO BOX 952 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **C.R. Fort** DATE **4-12-98** **941 285 7121**

CP2E037 (10/97)