FILE NOW: FILING FEE IS $61.25

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90020 050 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005590**

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/03/1994	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3364316	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FORT, CHARLES R
415 WILLOW OAK COUNT
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 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	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-31-99 941-285-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)