

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2006
Secretary of State**

DOCUMENT# N94000005590

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF FORT MEADE, FLORIDA, INC.

Current Principal Place of Business:

118 NORTH PINE AVE.
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 176
FT. MEADE, FL 33841 US

New Mailing Address:

FEI Number: 59-3364316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORT, CHARLES R
415 WILLOW OAK COURT
FT MEADE, FL 33841 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BATES, JAYNE V
Address: P.O. BOX 952 N/A
City-St-Zip: FT. MEADE, FL 33841

Title: D () Delete
Name: MCKENZIE, COVEDA M
Address: 1100 MT. PISGAH ROAD
City-St-Zip: FT. MEADE, FL 33841

Title: DS () Delete
Name: FORT, CHARLES R
Address: 415 WILLOW OAK CT.
City-St-Zip: FT. MEADE, FL

Title: DPT () Delete
Name: STHRESHLEY, III, LAWRENCE F
Address: 311 NE 1ST STREET
City-St-Zip: FORT MYERS, FL 33041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE F. STHRESHLEY, III

DPT

04/21/2006

Electronic Signature of Signing Officer or Director

Date