


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 006 ****61.25

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1. Entity 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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4006101-



02162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3364316

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *CR Fort* **CR FORT** **2-16-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, JAYNE V	
STREET ADDRESS	P.O. BOX 952 N/A	
CITY-ST-ZIP	FT. MEADE, FL 33841	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, COVEDA M	
STREET ADDRESS	1100 MT. PISGAH ROAD	
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	DRT	<input checked="" type="checkbox"/> Delete
NAME	STHRESHLEY, III, LAWRENCE F	
STREET ADDRESS	311 NE 1ST STREET	
CITY-ST-ZIP	FORT MYERS, FL 33041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT A. FORT	
STREET ADDRESS	216 NORTH LANIER	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY KITCHINGS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY KITCHINGS	
STREET ADDRESS	512 WATER OAK COURT	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES R FORT	
STREET ADDRESS	415 WILLOW OAK COURT	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CR Fort* **CR FORT** **2-16-07** **863 285 7121**
Signature and typed or printed name of signing officer or director Date Daytime Phone #