2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005590

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

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

DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3364316
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ C R Fort _____ 1-11-08
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BATES, JAYNE V
STREET ADDRESS	P.O. BOX 952 N/A
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	D
NAME	FORT, ROBERT A
STREET ADDRESS	216 NORTH LANIER
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	DPT
NAME	FORT, CHARLES R
STREET ADDRESS	415 WILLOW OAK CT.
CITY-ST-ZIP	FT. MEADE, FL
TITLE	DS
NAME	KITCHINGS, NANCY
STREET ADDRESS	512 MATER OAK COURT
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ C R Fort _____ 1-11-08 _____ 863-285-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #