2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000973

1. Entity Name
FIRST FAIRFIELD PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
9349 N.W. HWY 225A OCALA, FL 34482	9349 N.W. HWY 225A OCALA, FL 34482

03222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1717424
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZEE, CRAIG
9349 N.W. HWY 225A
OCALA, FL 34482

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

000000124838
04/22/04-80059-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRAZEE, CRAIG
STREET ADDRESS	9349 N.W. HWY 225A
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VPD
NAME	NAGELE, BETTE G
STREET ADDRESS	12600 N.W. HWY 225
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	ST
NAME	REID, KAREN
STREET ADDRESS	14020 N.W. HWY 225A
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	GUTSCHLAG, RABB Y
STREET ADDRESS	6399 N.W. 100TH STREET
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	GATRELL, FRED
STREET ADDRESS	6400 N.W. HWY 316
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	AST
NAME	MASON, CARA JUNE
STREET ADDRESS	13429 N.W. HWY 225
CITY-ST-ZIP	REDDICK, FL 32686

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12. 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 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: Craig Frazee CRAIG FRAZEE 4-4-04 (352) 427 9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #