2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# N99000000973

Entity Name: FIRST FAIRFIELD PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1717424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZEE, CRAIG
9349 N.W. HWY 225A
OCALA, FL 34482 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:	DP	( ) Delete
Name:	FRAZEE, CRAIG	
Address:	9349 N.W. HWY 225A	
City-St-Zip:	OCALA, FL 34482	
Title:	VPD	( ) Delete
Name:	NAGELE, BETTE G	
Address:	12600 N.W. HWY 225	
City-St-Zip:	REDDICK, FL 32686	
Title:	ST	( ) Delete
Name:	REID, KAREN	
Address:	14020 N.W. HWY 225A	
City-St-Zip:	REDDICK, FL 32686	
Title:	D	( ) Delete
Name:	GUTSCHLAG, RABB Y	
Address:	6399 N.W. 100TH STREET	
City-St-Zip:	OCALA, FL 34482	
Title:	D	( ) Delete
Name:	GATRELL, FRED	
Address:	6400 N.W. HWY 316	
City-St-Zip:	REDDICK, FL 32686	
Title:	AST	( ) Delete
Name:	MASON, CARA JUNE	
Address:	13429 N.W. HWY 225	
City-St-Zip:	REDDICK, FL 32686	

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:	
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 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 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: CRAIG FRAZEE DP 04/17/2005

Electronic Signature of Signing Officer or Director — Date