


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90313 015 \*\*\*\*61.25

**DOCUMENT # N99000005503**

1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF STARKE, FLORIDA, INC.**




Principal Place of Business      Mailing Address  
**921 EAST CALL STREET**      **921 EAST CALL STREET**  
**STARKE FL 32091**      **STARKE FL 32091**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-2061315**      Not Applicable

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

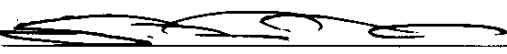
**6. Name and Address of Current Registered Agent**

**WELLS, ORIAN**  
**1310 EAST CALL STREET**  
**STARKE FL 32091**

**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       DATE

Signature: typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-electing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	T	<input checked="" type="checkbox"/> Delete
NAME	GAY, JANE	
STREET ADDRESS	2961 185TH ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, ORIAN	
STREET ADDRESS	1310 EAST CALL STREET	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICKER, LINDA	
STREET ADDRESS	13341 SE 21ST AVE	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRON, WIN	
STREET ADDRESS	1305 SELLING ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JUNE	
STREET ADDRESS	6073 KINGSLEY LAKE DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BELCHE, JOE	
STREET ADDRESS	315 S.E. 4TH ST	
CITY-ST-ZIP	LAKE BUTLER FL 32054	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULDER, RALPH	
STREET ADDRESS	4333 SEMINOLE ST.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDGASSEN, JOYCE	
STREET ADDRESS	P.O. Box D	
CITY-ST-ZIP	LAKE GENEVA, FL 32160	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, JAMES	
STREET ADDRESS	P.O. Box 19	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, ALLEY	
STREET ADDRESS	1517 BESSENT RD.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKER, MIKE	
STREET ADDRESS	13342 SE 21st AVE.	
CITY-ST-ZIP	STARKE, FL 32091	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       **GARY W. HARDESTY**      04/19/06      904/964-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR