

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90050 041 \*\*\*\*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 - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State  
Zip      Country      Zip      Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: 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	T	<input type="checkbox"/> Delete
NAME	MOULDER, RALPH	
STREET ADDRESS	4333 SEMINOLE ST	
CITY-STATE-ZIP	STARKE FL 32091	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS, ORIAN	
STREET ADDRESS	1310 EAST CALL STREET	
CITY-STATE-ZIP	STARKE FL 32091	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINDGASSEN, JOYCE	
STREET ADDRESS	PO BOX D	
CITY-STATE-ZIP	LAKE GENEVA FL 32160	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, JAMES	
STREET ADDRESS	PO BOX 19	
CITY-STATE-ZIP	LAKE BUTLER FL 32054	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCRAE, ARLEY	
STREET ADDRESS	1517 BESSENT RD	
CITY-STATE-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICKER, MIKE	
STREET ADDRESS	13342 SE 21ST AVE	
CITY-STATE-ZIP	STARKE FL 32091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON MOISE	
STREET ADDRESS	6115 Kingsley Lake Dr.	
CITY-STATE-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: \_\_\_\_\_      4/23/07      Date      Daytime Phone #