

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768076

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF CRESCENT CITY, INC.

**Current Principal Place of Business:**

301 E CYPRESS AVE  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

301 E CYPRESS AVE  
CRESCENT CITY, FL 32112 US

**FEI Number:** 59-1225205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAULS, PATRICIA F  
118 CESSNA STREET, BOX 27  
LAKE COMO, FL 32157 US

*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

**Officer/Director Detail :**

Title PD  
Name MARA, FRAN  
Address HUNTINGTON SHORTCUT ROAD, PO BOX 457  
City-State-Zip: LAKE COMO FL 32157

Title SD  
Name FRAZIER, SUSAN  
Address 118 SHANGRA-LA LANE  
City-State-Zip: POMONA PARK FL 32181

Title D  
Name KUHN, ROBERT  
Address PO BOX 475  
City-State-Zip: LAKE COMO FL 32157

Title VCD  
Name STEVENS, TOM  
Address 494 CLIFTON ROAD  
City-State-Zip: CRESCENT CITY FL 32112

Title T  
Name SAULS, PATRICIA  
Address 118 CESSNA STREET, BOX 27  
City-State-Zip: LAKE COMO FL 32157

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA SAULS

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02/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date