508 16TH STRE PORT ST. JOE				
FORT ST. JUE	FL 32430			
Current Mailing Address:				
508 16TH S <sup>-</sup> PORT ST. J	IREET DE, FL 32456			
FEI Number: 59-6558320		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
MCELROY, CHRISTY 1311 WOODWARD AVENUE PORT ST JOE, FL 32456 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: CHRISTY MCELROY				
SIGNATURE	CHRISTY MCELROY			02/07/2017
SIGNATURE	Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			02/07/2017
	Electronic Signature of Registered Agent	Title	TREASURER	02/07/2017
Officer/Dire	Electronic Signature of Registered Agent	Title Name	TREASURER ANDERSON, JAMES L	02/07/2017
<b>Officer/Dire</b>	Electronic Signature of Registered Agent ctor Detail : DIRECTOR			02/07/2017
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : DIRECTOR MCELROY, CHRISTY	Name Address	ANDERSON, JAMES L	02/07/2017
Officer/Direc Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DIRECTOR MCELROY, CHRISTY 1311 WOODWARD AVENUE	Name Address	ANDERSON, JAMES L 390 GULF PINES DRIVE	02/07/2017
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> DIRECTOR MCELROY, CHRISTY 1311 WOODWARD AVENUE PORT ST. JOE FL 32456	Name Address	ANDERSON, JAMES L 390 GULF PINES DRIVE	02/07/2017
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DIRECTOR MCELROY, CHRISTY 1311 WOODWARD AVENUE PORT ST. JOE FL 32456 DIRECTOR	Name Address	ANDERSON, JAMES L 390 GULF PINES DRIVE	02/07/2017

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FIRST PRESBYTERIAN CHURCH OF PORT ST. JOE, FLORIDA,

DOCUMENT# N50890

**Current Principal Place of Business:** 

INC.

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: CHRISTY MCELROY

Electronic Signature of Signing Officer/Director Detail

D

FILED Feb 07, 2017

**Secretary of State** 

CC5274861234