

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005590

**Entity Name:** THE FIRST PRESBYTERIAN CHURCH OF FORT MEADE, FLORIDA, INC.

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC5876016215**

**Current Principal Place of Business:**

118 NORTH PINE AVE.  
FT. MEADE, FL 33841

**Current Mailing Address:**

P.O. BOX 176  
FT. MEADE, FL 33841 US

**FEI Number: 59-3364316**

**Certificate of Status Desired: No**

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

FORT, CHARLES R  
415 WILLOW OAK COURT  
FT MEADE, FL 33841 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 D  
Name BATES, JAYNE V  
Address P.O. BOX 952  
City-State-Zip: FT. MEADE FL 33841

Title D  
Name FORT, ROBERT A  
Address 802 NORTH LANIER AVE  
City-State-Zip: FT. MEADE FL 33841

Title DPT  
Name FORT, CHARLES R  
Address 415 WILLOW OAK COURT  
City-State-Zip: FT. MEADE FL 33841

Title DS  
Name KITCHINGS, NANCY  
Address 512 WATER OAK COURT  
City-State-Zip: FORT MEADE FL 33841

Title D  
Name BEARRENTINE, BRUCE  
Address 1329 MOUNT PISGAH ROAD  
City-State-Zip: FORT MEADE FL 33841

*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: CHARLES R FORT**

**DPT**

**01/09/2017**

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

\_\_\_\_\_  
Date