


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90046 037 \*\*\*\*61.25

**DOCUMENT # 712497**

1. Entity Name  
 NORTHEAST PRESBYTERIAN CHURCH, INC.



Principal Place of Business  
 4400 SHORE ACRES BOULEVARD NORTHEAST  
 ST PETERSBURG, FL 33703

Mailing Address  
 4400 SHORE ACRES BOULEVARD NORTHEAST  
 ST PETERSBURG, FL 33703

40125814



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06182007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-1196196

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

MEECE, JOHN E.  
 1348 51ST AVE NE  
 ST.PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name Blanche Ganey  
 Street Address (P.O. Box Number is Not Acceptable)  
4400 Shore Acres Blvd NE  
 City St. Petersburg FL Zip Code 33703

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 Blanche L. Ganey (NOTE: Registered Agent signature required when reinstating) DATE 7/13/07

**Filing Fee Is \$61.25**  
**Due by September 14, 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	PD	<input type="checkbox"/> Delete
NAME	STEVE, FISHER	
STREET ADDRESS	4640 SHORT LEAF LANE NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HETZENDORFER, JOAN	
STREET ADDRESS	7110 MEADOWLAWN DRIVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHISHOLM, KATRINA	
STREET ADDRESS	4301 13TH WAY NORTHEAST	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Vanderbeker	
STREET ADDRESS	473 Bayview Dr N.E.	
CITY-ST-ZIP	St Petersburg, FL 33704-2428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: STEVEN FISHER DATE 6/25/07 DAYTIME PHONE # 727-526-6083