## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#769944** 

FILED Mar 09, 2009 Secretary of State

Entity Name: PORT ORANGE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129

Current Mailing Address: New Mailing Address:

4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129 US

FEI Number: 59-2233064 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRINSLEY, CAROLYN J MRS.

4662 CLYDE MORRIS BLVD.

PORT ORANGE, FL 32129 US

BRINSLEY, CAROLYN J MS.

211 BROOKLANDS WAY

DELAND, FL 32724 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: CAROLYN BRINSLEY 03/09/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: QUARLES, PAYTON Name: CARTER, DAVID

Address: 800 REED CANAL ROAD Address: 420 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119

Title: VPT ( ) Delete Title: VPT (X) Change ( ) Addition Name: DUPONT, HEWITT Name: DYER, JIM

Address: 823 VALENCIA ROAD Address: 2661 SPRUCE CREEK BLVD
City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete Title: S (X) Change () Addition Name: BARRETT, DON Name: KEMP, WILSON

Address: 5683 SWAN LAKE DRIVE Address: 944 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name:NICHOLAS, WILLIAMName:ANDERSON, RUSSAddress:3876 CARDMAL BLVD.Address:6154 SABAL POINT DRIVECity-St-Zip:DAYTONA BEACH, FL 32127City-St-Zip:DAYTONA BEACH, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN BRINSLEY MS. 03/09/2009