

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771118

FILED
Jan 28, 2004
Secretary of State**Entity Name:** THE FOUNDATION FOR THE CHURCH OF THE PALMS - PRESBYTERIAN (U.S.A.), INC.**Current Principal Place of Business:**3224 BEE RIDGE ROAD
SARASOTA, FL 34243 US**New Principal Place of Business:****Current Mailing Address:**3224 BEE RIDGE ROAD
SARASOTA, FL 34243 US**New Mailing Address:****FEI Number:** 59-2434393**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SAVARY, JOHNSON S.
240 SO PINEAPPLE AVE
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**COLLINS, SCOTT
4623 TRAILS DR
SARASOTA, FL 34232 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: SCOTT COLLINS

01/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DUDASH, DONNA
Address: 5672 ST LOUIS AVE.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: COLLINS, SCOTT R
Address: 4623 TRAILS DR
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: LORD, TODD M
Address: 3240 WALTER TRAVIS DR
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: WEST, ANNETTE W
Address: 4216 BENT TREEE BLVD
City-St-Zip: SARASOTA, FL 34241

Title: PD (X) Delete
Name: SKIPPER, RONALD J
Address: 3415 W FOREST LAKE CIR
City-St-Zip: SARASOTA, FL 34232

Title: VPD (X) Delete
Name: SANDHAGEN, RAY L
Address: 7741 RED CEDAR LANE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLINS, SCOTT
Address: 4623 TRAILS DR
City-St-Zip: SARASOTA, FL 34232

Title: VPD (X) Change () Addition
Name: SKIPPER, RONALD
Address: 3415 W FOREST LAKE CIR
City-St-Zip: SARASOTA, FL 34232

Title: TD (X) Change () Addition
Name: JONES, HERBERT
Address: 4274 BOCA POINTE DR
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT COLLINS

PD

01/28/2004

Electronic Signature of Signing Officer or Director

Date