


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90018 045 ****61.25

DOCUMENT # N39311

1. Entity Name
THE PRESBYTERIAN CHURCH OF SOUTHWEST FLORIDA (PRESBYTERIAN CHURCH IN AMERICA), INC.



Principal Place of Business
 495 S. RANDOLPH RD
 VENICE, FL 34293 US

Mailing Address
 9012 HOGANS BLVD.
 TAMPA, FL 33647

14024204



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
614 BEVERLY DR
 Suite, Apt. #, etc.

07102004 Chg-NP CR2E037 (10/03)

City & State
BRANDON, FL

City & State
BRANDON, FL

Zip
33510

Country
Highborough

4. FEI Number
65-0211055

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LARRISON, BROOK
308 PARK DRIVE
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent
 Name **HENRY R DARDEN**
 Street Address (P.O. Box Number is Not Acceptable)
614 BEVERLY DR
 City **BRANDON, FL 33510 FL** Zip Code

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 Henry R. Darden, HENRY R. DARDEN DATE 7/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDISON, LARRY 5523 OAK GROVE CT. SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO OWENS, JOAN V. 13003 WATERLORD RUN DR RIVERVIEW FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLBY, DWIGHT 495 RANDOLPH ROAD VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, THOMAS A 9012 HOGANS BEND TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARDEN, HENRY R. 614 BEVERLY DR BRANDON, FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Henry R. Darden, HENRY R DARDEN DATE 7/14/04 PHONE # 813 685-6898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR