2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N42187

1. Entity Name
COMMUNITY PRESBYTERIAN CHURCH OF NORTH MARION, INC.

Principal Place of Business	Mailing Address
20490 U S HWY 441 MCINTOSH, FL 32664 US	P O BOX 355 MCINTOSH, FL 32664 US

04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3050328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKUP, J. B., JR.
20490 U S HWY 441
MCINTOSH, FL 32664

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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 J. B. Walkup, Jr. 4-14-06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	CLEVERLAND, MARY
STREET ADDRESS	P.O. BOX 646
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	DV
NAME	LAWSON, ART
STREET ADDRESS	2411 SW 7TH AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	DS
NAME	GARNER, JOHN
STREET ADDRESS	2508 NE 120TH ST
CITY-ST-ZIP	ANTHONY, FL
TITLE	DT
NAME	WALKUP, HOWARD K.
STREET ADDRESS	5900 AVE. H
CITY-ST-ZIP	MCINTOSH, FL
TITLE	D
NAME	WALKUP, J. B., JR.
STREET ADDRESS	20490 US HWY 441
CITY-ST-ZIP	MCINTOSH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000518520
05/02/06-80014-017 61.25

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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: J. B. Walkup, Jr. 4-14-06 (352) 591-1410
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #