2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED Feb 22, 2007 8:00 am DOCUMENT # N42187 **Secretary of State** 1. Entity Name 02-22-2007 90023 039 \*\*\*\*61.25 COMMUNITY PRESBYTERIAN CHURCH OF NORTH MARION, INC. Principal Place of Business Mailing Address 20490 U S HWY 441 MCINTOSH FL 32664 P O BOX 355 MCINTOSH FL 32664 2. Principal Place of Business - No P.O. Box # 20098 N. Hwy 441 3. Mailing Address P.O. Box 616 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) McIntosh, Fla 32664 City & McIntosh, Fla. Applied For 4. FEI Number 59-3050328 Not Applicable Country Zip32664 Country US \$8.75 Additional 5. Certificate of Status Desired 32664 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nanoward K. Walkup WALKUP, J. B., JR. 20490 U S HWY 441 Street Address (P.O. Box Number is Not Acceptable) 5900 Ave . H MCINTOSH FL 32664 McIntosh, 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. Howard K Walkup, Director-Treasure 2/15/07 Signature, typed or printed ruthe of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. mu Addition Delete TIIII Change CLEVERLAND, MARY NAME NAMI STREET ADDRESS STREET ADDRESS PO BOX 646 CITY ST-ZIP MICANOPY FL 32667 CITY ST ZIP ☐ Delete D۷ ш Change ■ Addition NAMI LAWSON, ART NAMI STREET ADDRESS 2411 SW 7TH AVE STREET ADDRESS CHY ST 702 OCALA FL 34474 CHY ST ZIP X Delete TITLE Change HHE ☐ Addition NAME NAME GARNER, JOHN Lee Newborn Ct. SIDEET ADDRESS STREET ADDRESS 2508 NE 120TH ST Micanopy.Fla. 32667 CHY ST ZIP CHY-SI-ZIP ANTHONY FL ☐ Delete ☐ Addition NAMI NAME WALKUP, HOWARD K. STREET ADDRESS STREET LADIORESS 5900 AVE H CHY SL 7IP CITY ST ZIP MCINTOSH FL 11111 ☐ Delete TITLE ☐ Change ■ Addition NAME WALKUP, J. B., JR. NAME STREET ADDRESS 20490 US HWY 441 STREET LADDER SS CHY-ST-ZIP MCINTOSH FL CITY ST ZIP ☐ Delete ппп ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET EADDRESS CITY ST-ZIP CHY SI-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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: Howard K Walkup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07 352-591-2928