## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

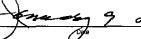
## FILED Jan 12, 2006 8:00 am Secretary of State

AIIIIOAB IIII				Secretary of State		
DOCUMENT # N44930  1. Entity Name RIVER OAKS PRESBYTERIAN CHURCH, INC.					06 90191 031 ****61.25	
Principal Plac 405 WASHIN LAKE MARY,	GTON AVE	Mailing Address 405 WASHINGTON AVE LAKE MARY, FL 32746	US	T	HITT 8811 81911 87811 81911 81911 81911 8181119) AY (84)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072006 Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number Applied For 59-3062688 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desi	Pee Required	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of N	lew Registered Agent	
HATCHER, STEPHEN B. C/O ZIMMERMAN, SHUFFIELD, KISER, ET AL 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
8. The above the obligation of the state of	named entity submits this statement to itions of registered agent.		egistered office of regist		of Florida. I am familiar with, and accept	
	Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	· · ·	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP	MONTGOMERY, JOHN 101 QUAIL RUN CT LAKE MARY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DUNCAN, ERIC 5 STONE GATE NORTH LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONHARD, JAMES 718 BAYWOOD CIRCLE SANFORD, FL 32773	· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED OVERBY, BRIAN 869 SILVERWOOD DR LAKE MARY, FL 32746	<b>⊠</b> Delete	NAME TO STREET ADDRESS 22	DER M PICKENS I Portsmouth Con ngwood FL 3277	□ Change 🗷 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	্র ব্যক্তির বিশ্ব	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 attacpment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #