


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-12-2006 90191 031 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N44930</b><br>1. Entity Name<br>RIVER OAKS PRESBYTERIAN CHURCH, INC.   |  |   |   |    |  |
| Principal Place of Business<br>405 WASHINGTON AVE<br>LAKE MARY, FL 32746 US  |  |   |   | Mailing Address<br>405 WASHINGTON AVE<br>LAKE MARY, FL 32746 US   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br>59-3062688   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent   |  |
| HATCHER, STEPHEN B.<br>C/O ZIMMERMAN, SHUFFIELD, KISER, ET AL<br>315 E. ROBINSON STREET, SUITE 600<br>ORLANDO, FL 32801  |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MONTGOMERY, JOHN<br>101 QUAIL RUN CT<br>LAKE MARY, FL      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ED<br>DUNCAN, ERIC<br>5 STONE GATE NORTH<br>LONGWOOD, FL 32779   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ED<br>LEONHARD, JAMES<br>718 BAYWOOD CIRCLE<br>SANFORD, FL 32773 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ED<br>OVERBY, BRIAN<br>869 SILVERWOOD DR<br>LAKE MARY, FL 32746  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ELDER<br>TOM PICKENS<br>221 PONTA MOUTH CIRCLE<br>LONGWOOD FL 32779<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |
| Date: January 9, 2006 Daytime Phone #  |  |   |   |   |  |

