

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N44930

Entity Name: RIVER OAKS PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

405 WASHINGTON AVE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

405 WASHINGTON AVE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-3062688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCHER, STEPHEN B.
C/O ZIMMERMAN, SHUFFIELD, KISER, ET AL
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONTGOMERY, JOHN
Address: 101 QUAIL RUN CT
City-St-Zip: LAKE MARY, FL

Title: ED () Delete
Name: FOLEY, THOMAS C
Address: 820 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779 23

Title: ED () Delete
Name: OVERBY, BRIAN
Address: 294 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

Title: ED () Delete
Name: PICKENS, TOM
Address: 221 PORTSMOUTH CIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: LEONHARD, JAMES
Address: 718 BAYWOOD CIRCLE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. FOLEY

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date