


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90015 041 \*\*\*\*61.25

<b>DOCUMENT # P34622</b>	
1. Entity Name <b>PRESBYTERIAN CHURCH IN AMERICA FOUNDATION, INC.</b>	

Principal Place of Business <b>1700 NORTH BROWN ROAD SUITE 103 LAWRENCEVILLE, GA 30043</b>	Mailing Address <b>1700 NORTH BROWN ROAD SUITE 103 LAWRENCEVILLE, GA 30043</b>
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**34007510**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>58-1412526</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>OWENS, JEAN 13003 WATERFORD RUN DR. RIVERVIEW, FL 33569</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25.  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAIR, RANDEL N 3806 AVERA LANE ATLANTA, GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norcross, GA 30329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZER, WILLIS L 1023 OAKRIDGE RD CLARKSDALE, MS 38614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clelland, David H. 2706 Foxboro Dr Richardson TX 75082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRIVER, WALTER JEROME 580 CORDYDON LANE ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 580 Croydon Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAM, RANDEL N 4690 OXFORD CIRCLE MACON, GA 31210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ham, Robert C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, WILLIAM F 3181 MAPLE AVE APT 115 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3131 Maple Ave Apt 11E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBRITTON, JOHN N 3112 JAMESTOWN RD MONTGOMERY, AL 36111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Randel N. Stair, President*

2/11/04

Date

678-825-1050

Daytime Phone #