


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 700795 1. Entity Name MCLEOD MEMORIAL PRESBYTERIAN CHURCH INC.	
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Principal Place of Business 695 WEST STUART STREET BARTOW, FL 33830	Mailing Address 695 WEST STUART STREET BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-1972974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent MARCHMAN, MICHAEL J. 1625 WALLACE AVENUE BARTOW, FL 33830	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR HELMUTH, BILL 545 WEST PARK LANE BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRP MARCHMAN, MICHAEL J. 1625 WALLACE AVENUE BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR MATHIS, TED 3348 MAPLE LANE HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000920038
05/14/08-80028-009 61.25

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.

SIGNATURE: *M. J. Marchman* **M. J. MARCHMAN, Treasurer 04.22.08 863-533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **5433**