

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700795

FILED
Feb 17, 2009
Secretary of State

Entity Name: MCLEOD MEMORIAL PRESBYTERIAN CHURCH INC.

Current Principal Place of Business:

695 WEST STUART STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

695 WEST STUART STREET
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-1972974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHMAN, MICHAEL J.
1625 WALLACE AVENUE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

MARCHMAN, MICHAEL J TRP
1625 WALLACE AVENUE
BARTOW, FL 33830 US

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: MICHAEL J MARCHMAN

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TR () Delete
Name: HELMUTH, BILL
Address: 545 WEST PARK LANE
City-St-Zip: BARTOW, FL

Title: TRP () Delete
Name: MARCHMAN, MICHAEL J.,
Address: 1625 WALLACE AVENUE
City-St-Zip: BARTOW, FL

Title: TR () Delete
Name: MATHIS, TED
Address: 3348 MAPLE LANE
City-St-Zip: HAINES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: BYRD, EUGENE
Address: 559 2ND STREET
City-St-Zip: HOMELAND, FL 33847 US

Title: TRP (X) Change () Addition
Name: MARCHMAN, MICHAEL J
Address: 1625 WALLACE AVENUE
City-St-Zip: BARTOW, FL 33830 US

Title: TR (X) Change () Addition
Name: MATHIS, TED
Address: 3348 MAPLE LANE
City-St-Zip: HAINES CITY, FL 33844 US

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: MICHAEL J MARCHMAN

TRP

02/17/2009

Electronic Signature of Signing Officer or Director

Date