2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702013

FILED Apr 16, 2009 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF DELRAY BEACH, FLORIDA

Current Principal Place of Business: New Principal Place of Business: 33 GLEASON STREET DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 33 GLEASON STREET DELRAY BEACH, FL 33483 FEI Number: 59-0830740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, NANCY O MOSS, ROBERT C 33 GLEÁSON ST 33 GLÉASON ST DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 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: ROBERT C. MOSS 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ELLIOTT, THOMAS L Name: Name: 2200 S OCEAN BLVD Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: (X) Change () Addition () Delete DAVIS, PAUL J Name: TENINGA, ROBERT Name: Address: 4566 SOUTH LAKE DRIVE Address: 2674 SW 23RD CRANBROOK DRIVE City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436 Title: () Delete Title: () Change () Addition HEILAKKA, ANN Name: Name: 11 DRIFTWOOD LANDING Address: Address: City-St-Zip: GULF STREAM, FL 33483 City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: FISHER, JAMES Name: Address: 3619 SW 23 STREET Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition YOUNG, NANCY O HORENBURGER, LESLIE B Name: Name: 4475 N OCEAN BL #44G 510 N SWINTON AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33444 Title: () Delete Title: () Change (X) Addition BAGWELL, KURT Name: Name: 929 IRIS DRIVE Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip:

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 L. ELLIOTT DT 04/16/2009