## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702218**

FILED Mar 23, 2009 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF TEQUESTA, INC.

Current Principal Place of Business: New Principal Place of Business:

482 TEQUESTA DR. TEQUESTA, FL 33469

Current Mailing Address: New Mailing Address:

482 TEQUESTA DR. TEQUESTA, FL 33469

FEI Number: 59-1237866 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:

HERSEY, DONALD D

482 TEQUESTA DRIVE
TEQUESTA, FL 33469 US

SHAFFER, PATRICK C
482 TEQUESTA DRIVE
TEQUESTA, FL 33469 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: C. PATRICK SHAFFER 03/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SCALF, JIM
 Name:
 REID, JACK

 Address:
 482 TEQUESTA DRIVE
 Address:
 482 TEQUESTA DRIVE

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:
 TEQUESTA, FL 33469

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOTE, JANEL
 Name:

 Address:
 482 TEQUESTA DR
 Address:

 City-St-Zip:
 TEQUESTA, FL 33469
 City-St-Zip:

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 KELLY, LINDA
 Name:
 VON ZABERN, ROSEMARIE

 Address:
 482 TEQUESTA DRIVE
 Address:
 482 TEQUESTA DRIVE

Address: 482 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

Address: 482 TEQUESTA DRIVE
City-St-Zip: TEQUESTA, FL 33469

TEQUESTA, FL 33469

( ) Delete Title: TD Title: TD (X) Change ( ) Addition VON ZABERN, ROSEMARIE Name: KELLY, LINDA Name: Address: 482 TEQUESTA DR. Address: 482 TEQUESTA DR. City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469

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: C. PATRICK SHAFFER DR 03/23/2009