


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702448</b>		
1. Entity Name <b>FAITH PRESBYTERIAN CHURCH OF THE VILLAGE OF PALM SPRINGS, INC.</b>		
Principal Place of Business <b>275 ALEMEDA DR PALM SPRGS, FL 33461</b>	Mailing Address <b>275 ALEMEDA DR PALM SPRGS, FL 33461</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCCLEAN, JAMES 4176 VICLIFF RD. LAKE WORTH, FL 33461</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>James R. McClean</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE <u>13 APRIL 2008</u>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOHL, DONALD P 1942 HARTFORD COURT WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEASE, KATHI 3078 DREW WAY PALM SPRINGS, FL 33346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMUDEZ, MARIBEL 4250 SO. LANDAR DR. LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, DICK 353 EAST LAKE RD PALM SPRINGS, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Richard D. Robinson</i></u> <b>Richard D. Robinson</b>		Date <u>4-18-08</u> (561) 967-1930 Daytime Phone #



04052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-1781159**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

U00000413794  
05/08/08-80029-025 70.00

**DO NOT WRITE  
IN THIS SPACE**