2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008
Secretary of State

DOCUMENT# 707928

Entity Name: MERRITT ISLAND PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

600 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

600 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-1258221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STALNAKER, GAIL
600 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SMITH, MIKE
Address: 600 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TTD ( ) Delete
Name: STALNAKER, GAIL
Address: 600 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PTD (X) Delete
Name: RITTER, CARL
Address: 600 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: RITTER, CARL
Address: 600 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: GAIL STALNAKER TTD 06/05/2008

Electronic Signature of Signing Officer or Director — Date