## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708096** 

FILED Apr 18, 2007 Secretary of State

Entity Name: CHURCH OF THE PALMS-PRESBYTERIAN (U.S.A.), INC. **Current Principal Place of Business: New Principal Place of Business:** 3224 BEE RIDGE RD. SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** 3224 BEE RIDGE RD SARASOTA, FL 34239 FEI Number: 59-0995240 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: FELCH, JACK DR CAIRNS, JOHN 3224 BEE RIDGE RD. 3224 BEE RIDGE RD. SARASOTA, FL 34239 US SARASOTA, FL 34239 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: JOHN CAIRNS 04/18/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LORD, TODD Name: Name: 3240 WALTER TRAVIS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: SAVARY, JOHNSON Name: Address: 1671 SOUTH DR. Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: () Change () Addition ANGLE, RAYMOND Name: Name: 7720 BROADMOOR PINES BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: TD ( ) Delete Title: TD (X) Change ( ) Addition CHAMBERLAIN, FRED Name: COUNEN, MICHAEL Name: Address: 4791 DOVE TAIL CT. Address: 3975 BERLIN DR City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN CAIRNS OD 04/18/2007