

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708096

FILED
Apr 14, 2008
Secretary of State

Entity Name: CHURCH OF THE PALMS-PRESBYTERIAN (U.S.A.), INC.

Current Principal Place of Business:

3224 BEE RIDGE RD.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3224 BEE RIDGE RD.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-0995240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAIRNS, JOHN
3224 BEE RIDGE RD.
SARASOTA, FL 34239 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: PD () Delete
Name: LORD, TODD
Address: 3240 WALTER TRAVIS DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: SAVARY, JOHNSON
Address: 1671 SOUTH DR.
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: ANGLE, RAYMOND
Address: 7720 BROADMOOR PINES BLVD.
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: CHAMBERLAIN, FRED
Address: 3975 BERLIN DR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HART, SAMUEL
Address: 8945 OLDE HICKORY AVE
City-St-Zip: SARASOTA, FL 34238

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

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: JOHN CAIRNS

DR

04/14/2008

Electronic Signature of Signing Officer or Director

Date