

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711317

FILED
Feb 04, 2009
Secretary of State

Entity Name: ST. CLOUD PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

909 10TH ST.
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

PO BOX 701334
SAINT CLOUD, FL 347701334 US

New Mailing Address:

FEI Number: 59-1604473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREMAN, THERESA
909 10TH ST.
ST. CLOUD, FL 32769 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: ROTHSTEIN, RICHARD MR.
Address: 4471 HENRY J AVE
City-St-Zip: ST. CLOUD, FL 34772

Title: VD () Delete
Name: FRY, BRENDA MS
Address: 405 OREGON AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD () Delete
Name: FOREMAN, THERESA MRS.
Address: 909 10TH ST.
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: DAVISON, JOHN MR
Address: 1136 ILLINOIS AVE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: LUTHIE, MARK MR
Address: 4760 HIDDEN LANE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THERESA L. FOREMAN

MRS.

02/04/2009

Electronic Signature of Signing Officer or Director

Date