2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# 711394

Entity Name: GULFPORT PRESBYTERIAN CHURCH, GULFPORT, FLORIDA, INC.

Current Principal Place of Business:

5313 27 AVENUE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5313 27 AVENUE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-1466035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARNES, ROSS H
11332 TORREY PINES DR
RIVERVIEW, FL 33569 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:	S/T	( ) Delete
Name:	JOHNSON, YVONNE	
Address:	5012 17TH AVE. S.	
City-St-Zip:	GULFPORT, FL 33707	
Title:	P	( ) Delete
Name:	KRAMER, AILEEN	
Address:	1407 56TH ST, S	
City-St-Zip:	GULFPORT, FL 33707	
Title:	V	( ) Delete
Name:	ANDERSON, HERB	
Address:	5925 SHORE BLVD SOUTH	
City-St-Zip:	GULFPORT, FL 33707	
Title:	T	( ) Delete
Name:	PAHL, DAVE	
Address:	5202 S6TH AVE. S	
City-St-Zip:	GULF PORT, FL 33707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	RINGLAND, JOHN	
Address:	5940 30TH AVE. SOUTH	
City-St-Zip:	GULFPORT, FL 33707	
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: DAVE PAHL TREA 04/18/2009

Electronic Signature of Signing Officer or Director — Date