2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State
02-09-2007 90028 003 ****61.25

DOCUMENT # 712001

1. Entity Name
PRESBYTERIAN SPECIAL SERVICES, INC.

40012924

Principal Place of Business	Mailing Address
3395 GRAND AVENUE GLENWOOD, FL 32722	P.O. BOX 220036 GLENWOOD, FL 32722

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1159090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDWELL, SARA 3395 N. GRAND AVE. GLENWOOD, FL 32722 CALDWELL, SARA = CORRECTION	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CATHERS, MARGARET 372 BELLA VISTA EDGEWATER, FL 32141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN TERENCE HENRY 701 PELICAN BAY DR DAYTONA BEACH, FL 32119	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SANDERS, EDWIN P.B. 120 W. INDIANA, SUITE 207 DELAND, FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIKE WALSH 149 E INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNS, CAROLLE 40 MEADOWOOD TRAIL DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREASURER WILMA MARTIN P O BOX 1913 DELAND, FL 32115	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, WILMA 1351 GREENLAND TERRANCE DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SARA CALDWELL P O BOX 2023 DAYTONA BEACH, FL 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAEL, ART PO BOX 1803 BELLEVIEW, FL 34421	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO MARTY JONES 527 MOCKINGBIRD CT CAKE MARY, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEH, CHARLES 2455 PROVENCE CIRCLE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADMINISTRATOR CHRIS HILL 1521 N. BEACH ST ORMOND BEACH, FL 32174	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 26 JAN 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #