

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712001

FILED
Apr 01, 2008
Secretary of State

Entity Name: PRESBYTERIAN SPECIAL SERVICES, INC.

Current Principal Place of Business:

3395 GRAND AVENUE
GLENWOOD, FL 32722

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220036
GLENWOOD, FL 32722

New Mailing Address:

FEI Number: 59-1159090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALDWELL, SARA
3395 N. GRAND AVE.
GLENWOOD, FL 32722 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: ST () Delete
Name: MARTIN, WILMA
Address: P.O. BOX 1913
City-St-Zip: DELAND, FL 32119 US

Title: C () Delete
Name: HENRY, TERENCE M
Address: 701 PELICAN BAY DR.
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: VC () Delete
Name: WALSH, MICHAEL
Address: 149 E INTERNATIONAL SPEDWAY DR
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: ADM () Delete
Name: HILL, CHRISTOPHER
Address: 1521 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: CFO () Delete
Name: JONES, MARTIN
Address: 527 MOCKINGBIRD COURT
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: YEH, CHARLES
Address: 2455 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327 US

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: D (X) Change () Addition
Name: FAVIS, MARTIN
Address: 90 TIMBERLAKE LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

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: CHRISTOPHER HILL

ADM

04/01/2008

Electronic Signature of Signing Officer or Director

Date