2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED **DOCUMENT # 718364** Apr 17, 2006 08:00 AN 1. Entity Name **Secretary of State** SEVEN RIVERS PRESBYTERIAN CHURCH, INC. Mailing Address Principal Place of Business 4221 W GULF TO LAKE HWY 4221 W GULF TO LAKE HWY LECANTO FL 34461 LECANTO FL 34461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-2276512 Not Applicat Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANA, THEODORE C Street Address (P.O. Box Number is Not Acceptable) 9140 S LONGBRANCH AVE **INVERNESS FL 34452** Zip Code City 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, typica or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61,25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State A CONTRACTOR 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete ☐ Change ☐ Additio TITLE TITLE STEPHENSON, JOHN NAME NAME U00000513917 17 S MAYLEN AVE STREET ADDRESS STREET ADDRESS 04/29/06-80151-003 61.25 LECANTO FL 34461 CITY-ST-ZIP CITY-ST-ZIP VPΩ Delete TITLE Change □ Ad ^ *: SANTANA, THEODORE NAME 9140 S LONGBRANCH AVE STREET ADDRESS STREET ADDRESS INVERNESS FL 34452 CITY-ST-ZIP CITY-ST-ZIP Change 门风些 TITLE Delete TITLE JULIAS, BROOK NAME STREET ADDRESS 6710 N PARAQUA CIRCLE STREET ADDRESS CRYSTAL RIVER FL 34428-6996 CITY-ST-ZIP CITY-ST-ZIP □ Adam ☐ Delete TITLE ☐ Change WILLIAMS, GEORGE NAME NAME STREET ADDRESS 21069 DANDY RD STREET ADDRESS CITY-ST-ZIE BROOKSVILLE FL 34601 CHY-SI-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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