

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 718364

1. Entity Name
SEVEN RIVERS PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**4221 W GULF TO LAKE HWY
LECANTO, FL 34461 US**

Mailing Address
**4221 W GULF TO LAKE HWY
LECANTO, FL 34461 US**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2276512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTANA, THEODORE C
9140 S LONGBRANCH AVE
INVERNESS, FL 34452**

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IN THIS SPACE**

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 renewing) 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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEPHENSON, JOHN
STREET ADDRESS	17 S MAYLEN AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VPD
NAME	SANTANA, THEODORE
STREET ADDRESS	9140 S LONGBRANCH AVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	SD
NAME	JULIAS, BROOK
STREET ADDRESS	6710 N PARAQUA CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER, FL 344286996
TITLE	TD
NAME	WILLIAMS, GEORGE
STREET ADDRESS	21069 DANDY RD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000705070
04/23/07-80037-006 61.25

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IN THIS SPACE**

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:

John D. Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07
Date

352-746-4477
Daytime Phone #