

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719616

FILED  
May 08, 2009  
Secretary of State

**Entity Name:** PRESBYTERIAN CHURCH OF SEBRING, INC.

**Current Principal Place of Business:**

319 POINSETTIA AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

319 POINSETTIA AVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 59-0774185      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PEER, DARRELL A  
319 POINSETTIA AVE  
SEBRING, FL 33870      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: TPD      ( ) Delete  
Name: SCHROEDER, JOHN W  
Address: 1616 VILLAWAY W  
City-St-Zip: SEBRING, FL 33876

Title: TR      ( ) Delete  
Name: WALTERS, JAMES E  
Address: 3516 SUNRISE DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: VTR      ( ) Delete  
Name: VICKERS, ROBERT L  
Address: 1228 STENEWAHEE AVE  
City-St-Zip: SEBRING, FL 33870

Title: TRS      ( ) Delete  
Name: PARSONS, LYNN  
Address: 3125 SAN FRANCISCO LANE  
City-St-Zip: SEBRING, FL 33970

Title: T      ( ) Delete  
Name: VILLERE, PATRICIA A  
Address: 2303 PASCO DR  
City-St-Zip: SEBRING, FL 33870

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR      (X) Change ( ) Addition  
Name: MCKAY, KIMBLE D  
Address: 4001 LAFAYETTE AVE.  
City-St-Zip: SEBRING, FL 33875

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: TR      ( ) Change (X) Addition  
Name: WOOD, ROBERT  
Address: 3151 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

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: JOHN W. SCHROEDER

PRES

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date