



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 013 ****61.25

| | | | | | |
|--|------------------------|--|---|--|--|
| DOCUMENT # 722170 | | | |  | |
| 1. Entity Name FIRST PRESBYTERIAN CHURCH (USA) OF AUBURNDALE, INC. | | | | | |
| Principal Place of Business 410 PILAKLAKAHA AVE AUBURNDALE, FL 33823 | | Mailing Address 410 PILAKLAKAHA AVE AUBURNDALE, FL 33823 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-1306065 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STAMBAUGH, ROBERT J 99 6TH STREET SW WINTER HAVEN, FL 33880 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COUGHLIN, JERRY | | NAME | Robert J. Stambaugh | |
| STREET ADDRESS | 2016 BRENTWOOD DR. | | STREET ADDRESS | 121 Van Fleet Court | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL 33823 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGUIRE, DAVID | | NAME | | |
| STREET ADDRESS | 321 WINTER GARDEN CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTTERIDGE, BETTY | | NAME | | |
| STREET ADDRESS | 715 ELIZABETH | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NALL, WESLEY | | NAME | | |
| STREET ADDRESS | 350 RIBSSALER AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTTERIDCU, BETTY L | | NAME | | |
| STREET ADDRESS | 715 ELIZABETH LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  | | Robert J. Stambaugh | | Date: 1-15-07 (63/293-500) | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |

50000464



01092007 Chg-NP CR2E037 (12/06)