

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90061 012 \*\*\*\*61.25

<b>DOCUMENT # 722682</b> 1. Entity Name <b>COMMUNITY PRESBYTERIAN CHURCH OF ENGLEWOOD, INC.</b>					
Principal Place of Business 405 S MCCALL ROAD ENGLEWOOD, FL 34223			Mailing Address 405 S MCCALL ROAD ENGLEWOOD, FL 34223		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01282005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-0651079</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRENNER, GARY</b> <b>7194 DATELAND STREET</b> <b>ENGLEWOOD, FL 34224</b>			7. Name and Address of New Registered Agent Name <b>Britton, Georgia</b> Street Address (P.O. Box Number is Not Acceptable) <b>226 Pine Glen Ct.</b> City <b>Englewood</b> <b>FL</b> Zip Code <b>34223</b>		
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 <u>Georgia Britton</u> <i>Georgia Britton</i> <u>2-2-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSENBERG, EDWARD</b> <b>2 BERMUDA CIRCLE</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BINGHAM, JIMMY</b> <b>7930 MANASOTA KEY ROAD</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRENNER, GARY D</b> <b>7194 DATELAND STREET</b> <b>ENGLEWOOD, FL 34224</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Georgia Britton</b> <b>226 Pine Glen Ct.</b> <b>Englewood, FL 34223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DAVISON, JOHN</b> <b>55 CEDAR STREET</b> <b>ENGLEWOOD, FL 34223</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Roy Cooper</b> <b>92 Marker Rd.</b> <b>Rotonda West, FL 33947</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Georgia Britton</u> <i>Georgia Britton</i> <u>2-2-05</u> <u>941-475-5936</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					