2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 725518** 1. Entity Name 04-05-2004 90390 016 ****61.25 THE NEW PHILADELPHIA PRESBYTERIAN CHURCH INC Principal Place of Business Mailing Address 726 S ADAMS ST QUINCY FL 32351 US **PO BOX 344 44U34935** QUINCY FL 32353 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (1/03) MOORE City & State City & State 4. FEI Number Applied For 59-2470478 Not Applicable 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 RONNIE A. BrUNSON BRUNSON, LESLIE Street Address (P.O. Box Number is Not Acceptable) 101 N BETLINET DR QUINCY FL 32351 UINCI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITLE Delete TITLE Edward G. BEach 702 S. Madison ST. X Addition STEWART, ROBERT NAME NAME 246 DUPONT ST STREET ADDRESS STREET ADDRESS Quincy FL 32351 QUINCY FL CITY-ST-ZIP CITY-ST-ZIP TD Delete TITLE TITLE KENNEHL W. White 399 Highland Road Change Addition BRUNSON, LESLIE NAME NAME 101 N BETLINET STREET ADDRESS STREET ADDRESS QUINCY FL CITY-ST-ZIP Havana, FL 32333 CITY-ST-2IP PD TITLE Delete TITLE Addition Thomas E. CONE 858 S. Cleveland ST. QUINTON; PAUL --NAME NAME 1007 BELLAMY DR STREET ADDRESS STREET ADDRESS QUINCY FL CITY-ST-ZIP CITY-ST-ZIP QUINCY, FL 32351 סע TITLE ☐ Delete TITLE **Change** ☐ Addition BRUNSON, RONNIE RONNIE A, BrUNSON NAME NAME 24 W. BAY ST 24 W. Bay ST. STREET ADDRESS STREET ADDRESS QUINCY FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

Bryndor-RONNIE A. Brunson 4/2/04 850-627-765

ED NAME OF SIGNING OFFICER OF DIRECTOR

Dayling Phone # SIGNATURE:

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.