## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #725518**

1. Entity Name

THE NEW PHILADELPHIA PRESBYTERIAN CHURCH INC



**Secretary of State** 06-22-2005 90078 013 \*\*\*\*61.25

**FILED** Jun 22, 2005 8:00 am

Principal Place of Business

726 S ADAMS ST

QUINCY, FL 32351 US

Mailing Address

PO BOX 344

QUINCY, FL 32353 US



## DO NOT WRITE IN THIS SPACE

06142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2470478

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNSON, RONNIE A 24 W. BAY STREET

## DO NOT WRITE

QUINCY, I	-L 32351			IN T	HIS SPACE
	named entity submits this statement for thions of registered agent.	e purpose of changing its registered	d office or re	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
Filing Fee is \$61.25  Due by September 7, 2005  9. Election Campaign Trust Fund Contrib			ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIF	RECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	VP BEACH, EDWARD G 702 S. MADISON ST QUINCY, FL 32351	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAVANA, FL 32333  TD CONE. THOMAS E 858 S. CLEVELAND ST QUINCY, FL 32351  PD BRUNSON, RONNIE A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
TITLE NAME STREET ADDRESS				٠	

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.

SIGNATURE: Nomu

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR