2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729528

City-St-Zip:

DELTONA, FL 32725

FILED Aug 30, 2009 Secretary of State

Entity Name: WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1313 W. NEW YORK AVE 1313 W. NEW YORK AVE P.O. BOX 1106 DELAND, FL 32721 DELAND, FL 32721 **Current Mailing Address: New Mailing Address:** P O BOX 1106 DELAND, FL 32721 US FEI Number: 59-1511543 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: Name and Address of New Registered Agent: TAULBEE, CONSTANCE A BROSEN, DANIEL T 409 ALBANY AVE 1344 ROLLING RIVER ROAD DELAND, FL 32724 US DELAND, FL 32720 US 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: DANIEL T. BROSEN 08/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TAULBEE, CONSTANCE A BROSEN, DANIEL T Name: Name: 409 ALBANY AVE Address: 1344 ROOLLING RIVER ROAD Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32720 Title: () Delete Title: () Change () Addition Name: BUYTON, ELSIE Name: Address: 1730 SUMATRA AVE Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: Title: () Delete Title: () Change () Addition GOODWILL, ROBERT P Name: Name: 101 N AMELIA AVE # 608 Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: DS () Delete Title: () Change () Addition GILLIAM, CAROLYN MRS. Name: Name: 426 HOWARD AVE. Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: Title: () Delete () Change () Addition BUXTON, PAMELA Name: Name: 1730 SUMATRA AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: DANIEL T. BROSEN TD 08/30/2009