

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730181

FILED
Feb 28, 2009
Secretary of State

Entity Name: MCILWAIN MEMORIAL PRESBYTERIAN CHURCH OF PENSACOLA, FLORIDA, INCORPORATED

Current Principal Place of Business:

1220 E. BLOUNT ST
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1220 E. BLOUNT ST
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-0900992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIECKMANN, MICHAEL F
1220 E BLOUNT ST
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CLARK, BRUCE
Address: 3950 SAN GABRIEL
City-St-Zip: PENSACOLA, FL 32504

Title: V/D () Delete
Name: BAXTER, MAX
Address: 2347 ARRIVISTE WAY
City-St-Zip: PENSACOLA, FL 32504

Title: S/TD () Delete
Name: DIECKMANN, MICHAEL
Address: 3283 ABEL AVENUE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: WAYNE, COTTON
Address: 517 DRACENA WAY
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: RUSTY, GROSS
Address: 3825 POTOSI ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: CUMBERLAND, GARY
Address: 311 BRITTANY TRACE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL F. DIECKMANN

_____ Electronic Signature of Signing Officer or Director

MR.

02/28/2009

_____ Date