2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 731073

Entity Name: MIKESVILLE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

384 SE CLUBHOUSE LANE
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

384 SE CLUBHOUSE LANE
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 59-2355826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEANS, SAMUEL C JR
22715 N.W. CR 235A
ALACHUA, FL 326153898 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:	PD	( ) Delete
Name:	MEANS, SAMUEL C JR	
Address:	22715 N.W. CR 235A	
City-St-Zip:	ALACHUA, FL 326153898	
Title:	D	( ) Delete
Name:	SEABRANDT, ROBERT H	
Address:	RT. 2 BOX 695	
City-St-Zip:	HIGH SPRINGS, FL 32643	
Title:	D	( ) Delete
Name:	PITRAT, JANE	
Address:	RT. 10 BOX 169A	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	STD	( ) Delete
Name:	TURNER, TERRY	
Address:	RT. 3 BOX 3706	
City-St-Zip:	FT. WHITE, FL 32038	
Title:	D	( ) Delete
Name:	LITES, ROBERT L	
Address:	RT. 3 BOX 4222	
City-St-Zip:	FT. WHITE, FL 32038	
Title:	VP	( ) Delete
Name:	LITES, GARRY	
Address:	2084 SW TOMMIE LITES ST	
City-St-Zip:	FORT WHITE, FL 32038	

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
Name:	
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: JANE C. PITRAT D 03/30/2009

Electronic Signature of Signing Officer or Director — Date