## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#731891** 

FILED Apr 19, 2009 Secretary of State

Entity Name: THE FIRST PRESBYTERIAN CHURCH OF KISSIMMEE, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 15 W. CHURCH STREET KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 15 W. CHURCH STREET KISSIMMEE, FL 34741 FEI Number: 59-0809929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, FRANK DR FIRST PRESBYTERIAN CHURCH 15 W. CHURCH STREET KISSIMMEE, FL 34741 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GREGORY, JUDITH Name: Name: 1625 EVERGREEN ST. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete GRAY, ELIZABETH Name: THOMAS, SHERRY Name: Address: 2146 DILL DR Address: 703 PENNSYLVANIA City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ST CLOUD, FL 34769 Title: () Delete Title: () Change () Addition ROBERT, MILLER Name: Name: 2720 CATHERINE STREET Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: LEHMAN, ROBERT Name: 22 KNOLLWOOD DR Address: Address: City-St-Zip: KISSIMMEE, FL 34759 City-St-Zip: Title: () Delete Title: () Change () Addition CELESTE, TAMMY Name: Name: 1464 SKYLINE DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BRUSHWOOD, DALE PREWITT, JOYCE Name: Name: Address: 3350 STEWART BLVD Address: 244 VINTARA DRIVE KISSIMMEE, FL 34746 KISSIMMEE, FL 34759 City-St-Zip: 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: JUDITH GREGORY T 04/19/2009