

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732624

FILED
Mar 26, 2009
Secretary of State

Entity Name: MEMORIAL PRESBYTERIAN CHURCH OF WEST PALM BEACH, FLORIDA

Current Principal Place of Business:

1300 S OLIVE AVE.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1300 S OLIVE AVE.
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0678771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S FLAGLER DRIVE, #1100
WEST PALM BEACH, FL 33401 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: VD () Delete
Name: TUBBS, DAVID
Address: 1300 S OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: MOORE, BARBARA
Address: 1300 S OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: OWEN, WILLIAM JR
Address: 1300 S OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: ALEXANDER, LARRY B.,
Address: 1300 S. OLIVE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ODOM, FRANK
Address: 1300 S. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: HENRY, THORNTON M.,
Address: 1300 S. OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, WALTER C IV
Address: 1300 S OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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

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Address:
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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: WALTER C. JONES IV

D

03/26/2009

Electronic Signature of Signing Officer or Director

Date