## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732726** 

FILED Apr 18, 2007 Secretary of State

Entity Name: DUNNELLON PRESBYTERIAN CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 20641 CHESTNUT ST DUNNELLON, FL 34431 US **Current Mailing Address: New Mailing Address:** 20641 CHESTNUT ST DUNNELLON, FL 34431 US FEI Number: 59-1786379 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: WELCH, JEFFREY W REV 20641 CHESTNUT ST DUNNELLON, FL 34431 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: () Change () Addition () Delete HENDRIX, MARGARET Name: Name: 11875 BLUE COVE DRIVE Address: Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: Title: **PRES** ( ) Delete Title: (X) Change ( ) Addition Name: MILLER, BONNIE Name: LAPP, LISA ANN Address: PO BOX 122 Address: 9075SW 101LANE City-St-Zip: DUNNELLON, FL 34430 City-St-Zip: OCALA, FL 34481 Title: SEC () Delete Title: () Change () Addition LORD, RENEE P Name: Name: 8150 SW 209 COURT ROAD Address: Address: City-St-Zip: DUNNELLON, FL 34431 City-St-Zip: Title: VΡ ( ) Delete Title: **PRES** (X) Change ( ) Addition Name: CHURCH, HUGH Name: CHURCH, HUGH Address: 9065 SW 209 CIRCLE Address: 19574 SW 84TH PLACE City-St-Zip: DUNNELLON, FL 34431 City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET A HENDRIX **TRES** 04/18/2007