


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 043 ****61.25

DOCUMENT # 733106			
1. Entity Name WASHINGTON SHORES PRESBYTERIAN CHURCH, INC.			
Principal Place of Business 3600 ROGERS DRIVE ORLANDO, FL 32805		Mailing Address 3600 ROGERS DRIVE ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NIBLACK, ERNEST 708 OHIO AVENUE ORLANDO, FL 32805		Name Ernest Niblack Street Address (P.O. Box Number is Not Acceptable) 708 Ohio Anenue City Orlando, FL Zip Code 32805	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Ernest Niblack</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NIBLACK, ERNEST <input type="checkbox"/> Delete	TITLE S	English, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIBLACK, ERNEST		NAME English, Charles	
STREET ADDRESS 708 OHIO AVE		STREET ADDRESS 1790 Markham Glen Circle	
CITY-ST-ZIP ORLANDO, FL 32805		CITY-ST-ZIP Longwood, FL 32779	
TITLE VP	HOOD, ULYSSES <input type="checkbox"/> Delete	TITLE D	Browning, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOOD, ULYSSES		NAME Browning, Linda	
STREET ADDRESS 1018 GOLDWYN AVE		STREET ADDRESS 4039 Barnsley Drive	
CITY-ST-ZIP ORLANDO, FL 32805		CITY-ST-ZIP Orlando, FL 32812	
TITLE S	NIBLACK, MARY <input checked="" type="checkbox"/> Delete	TITLE D	Wilson, Virginia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NIBLACK, MARY		NAME Wilson, Virginia	
STREET ADDRESS 708 OHIO AVE		STREET ADDRESS 809 Wooden Blvd.	
CITY-ST-ZIP ORLANDO, FL 32805		CITY-ST-ZIP Orlando, FL, 32805	
TITLE D	ENGLISH, CHARLES <input type="checkbox"/> Delete	TITLE D	Brown, Leona <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ENGLISH, CHARLES		NAME Brown, Leona	
STREET ADDRESS 1790 MARKHAM GLEN CIRCLE		STREET ADDRESS 2203 W. Gore St.	
CITY-ST-ZIP LONGWOOD, FL 32779		CITY-ST-ZIP Orlando, FL 32805	
TITLE D	BRADLEY, ERNEST <input checked="" type="checkbox"/> Delete	TITLE D	Stoves, Mary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRADLEY, ERNEST		NAME Stoves, Mary	
STREET ADDRESS 2127 MONTE CARLO TRAIL		STREET ADDRESS 201 Ortman, Dr.	
CITY-ST-ZIP ORLANDO, FL 32805		CITY-ST-ZIP Orlando, FL 32811	
TITLE D	NIBLACK, MARY <input checked="" type="checkbox"/> Delete	TITLE D	Mitchell, Edgar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NIBLACK, MARY		NAME Mitchell, Edgar	
STREET ADDRESS 708 OHIO AVENUE		STREET ADDRESS 535 Vern Drive	
CITY-ST-ZIP ORLANDO, FL 32805		CITY-ST-ZIP Orlando, FL 32805	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ernest Niblack</u> Ernest Niblack		Date 2-20-06 (407)295-4741	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	