

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733106

FILED
Mar 16, 2009
Secretary of State

Entity Name: WASHINGTON SHORES PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

3600 ROGERS DRIVE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3600 ROGERS DRIVE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-1001091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, ULYSSES
1018 GOLDWYN AVE.
ORLANDO, FL 32805 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: T () Delete
Name: SMITH, BETTY
Address: 4347 ARNJO CT.
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: AKER, ANNIE
Address: 6192 BROOKHILL CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: WALKER, LINDA J
Address: 703-D IVEY LANE
City-St-Zip: ORLANDO, FL 328114312

Title: D () Delete
Name: ALFRED, HERBERT
Address: 3842 AVON CT.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: STOVES, MARY
Address: 201 ORTMAN DR
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: GLASPIE, SHELLEY
Address: 9104 CAMDEN GARDENS STREET
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JONES, EMMA
Address: 3359 WOLCOTT
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: CRAWFOR, JEAN
Address: 849 PATROITS POINT DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SEC (X) Change () Addition
Name: STOVES, MARY
Address: 201 ORTMAN DR
City-St-Zip: ORLANDO, FL 32811

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: ULYSSEE HOOD

Electronic Signature of Signing Officer or Director

PRES

03/16/2009

_____ Date