2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 734508

Entity Name: PRESBYTERY OF SOUTHERN FLORIDA, INC.

Current Principal Place of Business:

14401 OLD CUTLER RD
PALMETTO BAY, FL 33158 US

New Principal Place of Business:

950 UNIVERSITY DR
CORAL GABLES, FL 33134 US

Current Mailing Address:

14401 OLD CUTLER RD
PALMETTO BAY, FL 33158 US

New Mailing Address:

950 UNIVERSITY DR
CORAL GABLES, FL 33134 US

FEI Number: 59-1590457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASALLO AND VASALLO, P.A.
12394 SW 82 AVE
PINECREST, FL 33156 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: D ( ) Delete
Name: BRANSON, CRAIG
Address: 14401 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33158

Title: PD ( ) Delete
Name: DUBOCQ, MATTHEW
Address: 10600 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

Title: VD ( ) Delete
Name: WOODHAM, MICHAEL
Address: 950 UNIVERSITY DR
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: ORTIZ, VICTOR O
Address: 14401 OLD CUTLER ROAD
City-St-Zip: MIAMI, FL 33158

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VD ( ) Change (X) Addition
Name: SOFIELD, WILLIAM
Address: 950 UNIVERSITY DR
City-St-Zip: CORAL GABLES, FL 33134

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: VICTOR OMAR ORTIZ SD 03/26/2009
Electronic Signature of Signing Officer or Director — Date