2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736904

FILED Jan 15, 2009 Secretary of State

Entity Name: THE CHURCH ON THE BAYOU PRESBYTERIAN CHURCH (U.S.A.), INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	COMB BLVD. SPRINGS, FL	346892	605				
Current Mailing Address:				New Mailing Address:			
	COMB BLVD. SPRINGS, FL	346892	605				
FEI Number	: 59-1649665	FEI Nu	ımber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of (Current	Registered Agent:	Name and	Address of I	New Registered Agent:	
MORGAN, 1800 BRO TRINITY, F	ADLEAF CRT	js					
	named entity of Florida.	submits	this statement for the pu	urpose of changing i	ts registered o	office or registered agent, or b	ooth,
SIGNATUI							
	Electro	nic Signa	ature of Registered Age	nt		Date	
OFFICER	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIREC	CTORS:
Title: Name:	TD (NEEF, BILL) Delete		Title: Name:	() Change () Addition	
Address:	502 S. FLORII TARPON SPRI		34689	Address: City-St-Zip:			
Address: City-St-Zip: Title: Name: Address:	502 S. FLORII TARPON SPRI	NGS, FL) Delete CARL H DF CRT	₹.	Address:	() Change()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	502 S. FLORIE TARPON SPRI D (VOM EIGEN, C 1006 OSPREY TARPON SPRI	NGS, FL :) Delete CARL H DR ' CRT NGS, FL :) Delete DR.	R. 34689	Address: City-St-Zip: Title: Name: Address:	·) Change()Addition)Change()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	502 S. FLORIE TARPON SPRI D (VOM EIGEN, C 1006 OSPREY TARPON SPRI VD (WALT, IRON 327 MARINET TARPON SPRI	NGS, FL :) Delete CARL H DF CRT NGS, FL :) Delete DR. NGS, FL :) Delete CK H BAY DR	R. 34689 34689	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X WALTON, TON 625 WINDBUS) Change()Addition () Change()Addition IY	
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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: CARL VOM EIGEN REV. 01/15/2009