2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90021 028 ****70.00

DOCUMENT # 739525

1. Entity Name
SPRING LAKE PRESBYTERIAN CHURCH, INC.

24080923

Principal Place of Business	Mailing Address
5887 US HWY 98 SEBRING, FL 33870	5887 US HWY 98 SEBRING, FL 33870

08122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33876 Country	Zip 33876 Country

4. FEI Number 59-1927225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENS, JOSEPH F 5887 US 98 SEBRING, FL 33876	Name Kevin Moran Street Address (P.O. Box Number is Not Acceptable) 14 Hickory Hills Circle City Lake Placid FL Zip Code 33852

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 Kevin Moran 8-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEPHENS, JOSEPH 6125 THOMAS TR SEBRING, FL 33876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRIS, SUSAN L 6017 BAY LANE SEBRING, FL 33876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, EMERSON H 427 DUANE PALMER BLVD SEBRING, FL 33876	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Moran, Kevin 14 Hickory Hills Circle Lake Placid FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ALBERT 129 ELEANOR CT LAKE PLACID, FL 338529267	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Koster, Wilfred P.O. Box 1624 Lake Placid FL 33862-1624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DECKER, HAROLD L 6709 CONCORD STREET SEBRING, FL 33876	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Krichbaum, Barbara 1833 Wright Lane Lorida, FL 33857	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, GLENDA 6732 CONCORD ST SEBRING, FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Esler, Joan 633 N. Pine Sebring, FL 33870	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Moran 8-15-04 8634652344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #