2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739525

FILED Jan 26, 2009 Secretary of State

Entity Name: SPRING LAKE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 5887 US HWY 98 5887 US HWY 98 SEBRING, FL 33870 SEBRING, FL 33876 **Current Mailing Address:** New Mailing Address: 5887 US HWY 98 5887 US HWY 98 SEBRING, FL 33870 SEBRING, FL 33876 FEI Number: 59-1927225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: STEPHENS, JOSEPH STEPHENS, JOSEPH F 6125 SHERMAN TERRACE 6125 SHERMAN TERRACE SEBRING, FL 33876 SEBRING, FL 33876 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: JOSEPH F STEPHENS 01/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHERRICK, DORA Name: Name: 6228 AQUAVISTA DRIVE Address: Address: City-St-Zip: SEBRING, FL 33876 City-St-Zip: Title: TD Title: () Delete () Change () Addition HARRIS, KEN Name: Name: Address: 6017 BAY LANE Address: City-St-Zip: SEBRING, FL 33876 City-St-Zip: Title: () Delete Title: () Change () Addition STEPHENS, JOSEPH Name: Name: Address: 6125 SHERMAN TERRACE Address: City-St-Zip: SEBRING, FL 33876 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: DECKER, ADELINE Name: 6709 CONCORD STREET Address: Address: City-St-Zip: SEBRING, FL 33876 City-St-Zip: Title: (X) Delete Title: () Change () Addition KRICHBAUM, BARBARA Name: Name: 1833 WRIGHT LANE Address: Address: City-St-Zip: LORIDA, FL 33857 City-St-Zip: Title: (X) Delete Title: () Change () Addition HIGGINS, ALLAN Name: Name: Address: 353 RACCOON LANE Address: LORIDA, FL 33857 City-St-Zip: 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: JOSEPH F STEPHENS SD 01/26/2009