

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90043 040 \*\*\*\*61.25

DOCUMENT # 740711

1. Entity Name

WEKIVA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

211 WEKIVA SPRINGS LANE  
LONGWOOD FL 32779

Mailing Address

211 WEKIVA SPRINGS LANE  
LONGWOOD FL 32779

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2070567

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

SUNNER, JOHN A.  
190 MAGNOLIA LAKE CT  
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLACKADAR, DONALD B JR	
STREET ADDRESS	174 VARSITY CIRCLE	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SMITH, GARY	
STREET ADDRESS	453 STANTON PLACE	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE	PT	<input type="checkbox"/> Delete
NAME	STRUCK, KAREN	
STREET ADDRESS	106 HILLCREST DRIVE	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES IV	
STREET ADDRESS	110 THISTLEWOOD CIRCLE	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSELEY, KENNETH	
STREET ADDRESS	111 COVE LAKE DR	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, SUSAN	
STREET ADDRESS	203 SWEET WATER COVE NORTH	
CITY-STATE-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Marc	
STREET ADDRESS	138 Ledbury Drive	
CITY-STATE-ZIP	Longwood, FL 32779	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Stephen	
STREET ADDRESS	103 Hillcrest Drive	
CITY-STATE-ZIP	Longwood, FL 32779	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Struck, Karen	
STREET ADDRESS	106 Hillcrest Drive	
CITY-STATE-ZIP	Longwood, FL 32779	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenkins, James IV	
STREET ADDRESS	110 Thistlewood Circle	
CITY-STATE-ZIP	Longwood, FL 32779	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moseley, Kenneth	
STREET ADDRESS	111 Cove Lake Drive	
CITY-STATE-ZIP	Longwood, FL 32779	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turner, Susan	
STREET ADDRESS	203 Sweetwater Cove North	
CITY-STATE-ZIP	Longwood, FL 32779	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: GARY J. SMITH GARY J. SMITH, TREASURER 3-11-07 407-299-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #