

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741273

**FILED**  
**Dec 23, 2009**  
**Secretary of State**

**Entity Name:** ST. PAUL'S PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

5550 S SUMTER BLVD  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

5550 S SUMTER BLVD  
NORTH PORT, FL 34287 US

**New Mailing Address:**

**FEI Number:** 59-1589298      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADAMS, ELIZABETH A MRS  
554 PARKWOOD AVE  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

RHODES, LEE MRS  
5106 PINE SHADOW LANE  
NORTH PORT, FL 34287 US

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: LEE RHODES

12/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHEARER, DUANE MR.  
Address: 5414 KENWOOD DRIVE  
City-St-Zip: NORTH PORT, FL 34287 US

Title: VD ( ) Delete  
Name: SALZMANN, LORRIANE MRS.  
Address: 4505 FAIRWAY DRIVE  
City-St-Zip: NORTH PORT, FL 34287 US

Title: TD ( ) Delete  
Name: MILES, NEVILLE  
Address: 1281 NEBRASKA LANE  
City-St-Zip: NORTH PORT, FL 34286 US

**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:

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: LORRAINE SALZMANN

VD

12/23/2009

Electronic Signature of Signing Officer or Director

Date