## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State **DOCUMENT #744095** 04-27-2007 90202 019 \*\*\*\*61.25 NORTHWOOD PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 2875 STATE ROAD 580 2875 STATE ROAD 580 CLEARWATER, FL 33761 CLEARWATER, FL 33761 US 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04192007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1936514 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUFFEY, PON MCEVOY, ROBERT W 140 THISTLEBRIAR Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR, FL 34695 Zip Code DUNEDIN 34698 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 DATE Signature, typed or printed nam (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition VPT DUFFEY, RON NAME NAME 2038 NIGELS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE **VPT** Delete TITLE Change Addition D NAME MCEVOY, ROBERT W NAME SPIGARELLI, RAYMOND DUNEDIN, F 140 THISTLE BRIAR STREET ADDRESS STREET ADDRESS 2255 HIGHLAND WOODS DR 34698 CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP SDSD ☐ Delete ☐ Change Addition TITLE TITLE ERICKSON, DON NAME NAME BROMFIELD, SALLY 1306 WOODCREST AVE STREET ADORESS STREET ADDRESS 10513 GREENCREST DR TAMPA, FL 33626 CITY - ST - ZIP CITY+ST-ZIP SAFETY HARBOR, FL 34695 X Delete ☐ Change ☐ Addition TITLE TITLE LARSON, JIM MAME NAME STREET ADDRESS 1021 WOODCREST AVE STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition HANSON, BEVERLY NAME NAME 2024 NASH DR STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33763 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE BUNCH, ED NAME NAME STREET ADDRESS **POB 402** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OZONA, FL 34660

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

FILED

Daytime Phone \*

Dare