2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744095

FILED Jan 09, 2009 Secretary of State

Entity Name: NORTHWOOD PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	TE ROAD 580 ATER, FL 33761 US		
Current Ma	ailing Address:	New Mailing Address:	
	TE ROAD 580 ATER, FL 33761 US		
FEI Number:	59-1936514 FEI Number Applied For () FEI N	umber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
DUFFEY, RON 2038 NIGELS DR DUNEDIN, FL 34698 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.			
SIGNATUF	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VT () Delete DUFFEY, RON 2038 NIGELS DR DUNEDIN, FL 34698	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete SPIGARELLI, RAYMOND 2255 HIGHLAND WOODS DR DUNEDIN, FL 34698	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () Delete YOUNGBLOOD, JIMMIE 10364 LIGHTNER BRIDGE DR. TAMPA, FL 33626	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete HANSON, BEVERLY 2024 NASH DR CLEARWATER, FL 33763	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () Delete BUNCH, ED POB 402 OZONA, FL 34660	Title: Name: Address: City-St-Zip:	() Change () Addition

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: RON DUFFEY TREA 01/09/2009