


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90302 041 ****61.25

Page 1

| | | | | | |
|--|-----------------------|--|--|--|--|
| DOCUMENT # 745929 1. Entity Name KANAPAH PRESBYTERIAN CHURCH, INC. | | | |  | |
| Principal Place of Business 6221 SW 75TH ST GAINESVILLE, FL 32608 US | | | Mailing Address 6221 SW 75TH ST GAINESVILLE, FL 32608 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2352873 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PERRY, EVELYN 9419 SW 67 DR GAINESVILLE, FL 32608 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TR | <input checked="" type="checkbox"/> Delete | TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARRATT, EVELYN | | NAME | Bowden, Mark | |
| STREET ADDRESS | 14516 SW 79 ST | | STREET ADDRESS | 1542 SW 66 Dr. | |
| CITY-ST-ZIP | ARCHER, FL 32618 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | Bowden, Fletcher | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWDEN, FLETCHER | | NAME | 1542 SW 66 Dr. | |
| STREET ADDRESS | 7605 SW 51 BLVD | | STREET ADDRESS | Gainesville, FL 32608 | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONTI, KEVIN | | NAME | Rancourt, Theodora | |
| STREET ADDRESS | 1319 NW 101 DRIVE | | STREET ADDRESS | 8517 SW 7th Lane | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS, WARREN | | NAME | McGough, Maureen | |
| STREET ADDRESS | 4310 SW ARCHER RD | | STREET ADDRESS | 6809 SW 82 Ter. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | TR/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHIPPS, JANET | | NAME | Phipps, Janet | |
| STREET ADDRESS | 8000 SW 56 AVE. | | STREET ADDRESS | 8000 SW 56 Ave. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | TR/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, EVELYN | | NAME | Perry, Evelyn | |
| STREET ADDRESS | 9419 SW 67 DR | | STREET ADDRESS | 9419 SW 67 Dr. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | Gainesville, FL 32608 | |
| 12. I hereby 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. | | | | | |
| SIGNATURE: <u>Evelyn Perry</u> <u>Evelyn Perry</u> <u>4/7/06</u> <u>(354) 371-2917</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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Page 2

ATTACHMENT

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| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2352873 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PERRY, EVELYN 9419 SW 67 DR GAINESVILLE, FL 32608 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BARRATT, EVELYN 14516 SW 79 ST ARCHER, FL 32618 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Harrell, Colleen 4000 SW 47 St Gainesville, FL 32608 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BOWDEN, FLETCHER 7605 SW 51 BLVD GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Stump, Patricia 8005 SW 42 Ter. Gainesville, FL 32608 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR CONTI, KEVIN 1319 NW 101 DRIVE GAINESVILLE, FL 32606 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Conti, Rev. Dawn 1319 NW 101 Dr. Gainesville, FL 32606 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR THOMAS, WARREN 4310 SW ARCHER RD GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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