


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 039 \*\*\*\*61.25

<b>DOCUMENT # 745929</b>		
1. Entity Name <b>KANAPAH PRESBYTERIAN CHURCH, INC.</b>		

Principal Place of Business <b>6221 SW 75TH ST GAINESVILLE, FL 32608 US</b>	Mailing Address <b>6221 SW 75TH ST GAINESVILLE, FL 32608 US</b>
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2. Principal Place of Business - No P.O. Box # <b>6221 SW 75<sup>th</sup> Terrace</b>	3. Mailing Address <b>6221 SW 75<sup>th</sup> Terrace</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32608</b>	Zip <b>32608</b>
Country <b>Alachua</b>	Country <b>Alachua</b>



02072008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2352873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PERRY, EVELYN 9419 SW 67 DR GAINESVILLE, FL 32608</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOWDEN, MARK 1542 SW 66 DR GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Barratt, Richard 14516 SW 79 St. Archer, FL 32618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CONTI, DAWN REV 1319 NW 101TH DR. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CONTI, KEVIN 1319 NW 101 DRIVE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Long, Joanna 4516 NW 37 Ter. Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MILLER, DAVID 402 NW 36TH TERR GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS PHIPPS, JANET 8000 SW 56 AVE. GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Johnson, Tim 1216 NW 392 Dr. Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRT PERRY, EVELYN 9419 SW 67 DR GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Johnson, Tim 1216 NW 392 Dr. Gainesville, FL 32605 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Evelyn Berry 4/15/08 352 371-2917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #