2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745929

FILED Apr 16, 2009 Secretary of State

Entity Name: KANAPAHA PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6221 SW 75TH TERRACE GAINESVILLE, FL 32608 US **Current Mailing Address: New Mailing Address:** 6221 SW 75TH TERRACE GAINESVILLE, FL 32608 US FEI Number: 59-2352873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERRY, EVELYN 9419 SW 67 DR GAINESVILLE, FL 32608 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BARRATT, RICHARD BARRATT, RICHARD Name: Name: 14516 SW 79 ST Address: 14516 SW 79 ST Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip: ARCHER, FL P32618 Title: () Delete Title: (X) Change () Addition CONTI, DAWN REV Name: CONTI, DAWN REV Name: Address: 1319 NW 101TH DR. Address: 1319 NW 101TH DR. City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition LONG, JOANNE Name: Name: Address: 4516 NW 37 TERRACE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: MILLER, DAVID Name: Address: 402 NW 36TH TERR Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: TRS () Delete Title: () Change () Addition JOHNSON, TIM Name: Name: 1216 NW 39TH DR Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition PERRY. EVELYN Name: Name: Address: 9419 SW 67 DR Address: GAINESVILLE, FL 32608 City-St-Zip: 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: EVELYN PERRY TRT 04/16/2009