

06 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 747636

1. Entity Name

PINEWOODS PRESBYTERIAN CHURCH, INC.



Principal Place of Business

2198 HIGHWAY 297-A
CANTONMENT FL 32533

Mailing Address

2198 HIGHWAY 297-A
CANTONMENT FL 32533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2056261

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, THOMAS C
2992 CREEKWOOD DR
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas C. Roberson

REGISTERED AGENT

THOMAS C. ROBERSON

2/8/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV
NAME POYNTER, SCOTT P
STREET ADDRESS 4400 CRABTREE CHURCH RD
CITY-ST-ZIP CANTONMENT FL

☐ Delete

TITLE DP
NAME LADNER, CLARENCE
STREET ADDRESS 3166 LAKE SUZANNE
CITY-ST-ZIP CANTONMENT FL

☐ Delete

TITLE DS
NAME ROBERSON, THOMAS C
STREET ADDRESS 2992 CREEKWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

☐ Delete

TITLE DT
NAME HUBBELL, DAN
STREET ADDRESS 5740 LANGLEY CIR
CITY-ST-ZIP PENSACOLA FL 32504

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Thomas C. Roberson*

2/8/06 850 968 9342