2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90235 048 ****70.00

DOCUMENT # 747734

1. Entity Name

THE SYNOD OF SOUTH ATLANTIC, PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business	Mailing Address
118 EAST MONROE STREET SUITE 3 JACKSONVILLE FL 32202-3214 US	118 EAST MONROE STREET SUITE 3 JACKSONVILLE FL 32202-3214 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1092201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REV. REGINALD V. PARSONS 118 EAST MONROE STREET SUITE 3 JACKSONVILLE FL 32202	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLKS, ROBERT K 1038 EDGEMONT DR. LANCASTER SC 29720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williams, Gloria PO Box 997 Winnsboro, SC	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRIDE, HERMAN E REV 1901 ALBANY STREET BRUNSWICK GA 31520	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Davis, Michael 1898 Woodleigh Drive W Jacksonville, Fl. 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGINNIS, JACK 8995 ETCHING OVERLOOK DULUTH GA 30155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lee, Connie 1323 Peachtree Street NE Atlanta, GA 30309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOWALTER, RUSSELL MR. 200 W. FORSYTH ST. SUITE 1100 JACKSONVILLE FL 32202-4308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARSONS, REGINALD V REV. 118 EAST MONROE ST, SUITE 3 JACKSONVILLE FL 32202-3214	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #