


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 037 ****69.00

DOCUMENT # 748807

1. Entity Name
 PLANTATION PRESBYTERIAN CHURCH, U.S.A.,
 INCORPORATED.



Principal Place of Business 901 N.W. 70TH AVENUE PLANTATION, FL 33317	Mailing Address 901 N.W. 70TH AVENUE PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1356063	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERT, RONALD W
 1860 NW 93 TERRACE
 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ALBERT, RONALD W 1860 NW 93 TER PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, RONALD E 10020 REFLECTIONS BLVD. W APT 103 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, ALAN 9340 NW 32 STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ronald Albert 3-26-07 954-296-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #