## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 15, 2006 **DOCUMENT#751289** Secretary of State

Entity Name: TIMS MEMORIAL PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 601 SUNSET LANE LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 601 SUNSET LANE LUTZ, FL 33549 FEI Number: 59-0799923 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: SHANKS, LINDA L 601 SUNSET LANE LUTZ, FL 33549 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: () Change () Addition () Delete MALLORY, SUSAN Name: Name: 18412 WAYNE RD Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: VD Title: () Delete () Change () Addition POLZEN, BEV Name: Name: Address: 17512 DRAKE CT Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition BROWN, CHAR Name: VASSELL, KENNETH Name: Address: 24314 PAINTER DR Address: 4048 MARLOW LOOP City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639 Title: ( ) Delete Title: () Change () Addition Name: MASTERS, STEVE Name: 14833 LAKE MAGDALENE CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HUFFMAN, SALLY JURGIEL, VIRGINIA Name: Name: 21438 CYPRESS TREE COURT 27107 HOLLYBROOK TRAIL Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: WESLEY CHAPEL, FL 33543 Title: () Delete Title: () Change () Addition BREAN, MARK Name: Name: Address: 4655 CANTERBURY DR Address: LAND O LAKES, FL 34639 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLEE POLZIN VD 06/15/2006