

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751289

FILED
May 21, 2007
Secretary of State

Entity Name: TIMS MEMORIAL PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

601 SUNSET LANE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

601 SUNSET LANE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-0799923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHANKS, LINDA L.
601 SUNSET LANE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MALLORY, SUSAN
Address: 18412 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: POLZEN, BEV
Address: 17512 DRAKE CT
City-St-Zip: LUTZ, FL 33559

Title: STD () Delete
Name: VASSELL, KENNETH
Address: 4048 MARLOW LOOP
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: MASTERS, STEVE
Address: 14833 LAKE MAGDALENE CIRCLE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: JURGIEL, VIRGINIA
Address: 27107 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: BREAN, MARK
Address: 4655 CANTERBURY DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KENNETH VASSELL

STD

05/21/2007

Electronic Signature of Signing Officer or Director

Date