

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 751289

1. Entity Name
TIMS MEMORIAL PRESBYTERIAN CHURCH, INC.



Principal Place of Business
601 SUNSET LANE
LUTZ, FL 33549

Mailing Address
601 SUNSET LANE
LUTZ, FL 33549

check
7858



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0799923

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000831379
02/27/08-80016-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLORY, SUSAN 18412 WAYNE RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLZEN, BEV 17512 DRAKE CT LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VASSELL, KENNETH 4048 MARLOW LOOP LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, STEVE 14833 LAKE MAGDALENE CIRCLE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURGIEL, VIRGINIA 27107 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREAN, MARK 4655 CANTERBURY DR LAND O LAKES, FL 34639

**DO NOT WRITE
IN THIS SPACE**

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:

Virginia A. Jurgiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #