

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 006 \*\*\*\*61.25

**DOCUMENT # 754423**

1. Entity Name

PRESBYTERIAN CHURCH OF THE LAKES, INC.



Principal Place of Business

Mailing Address

4700 LINCOLN AVENUE  
ORLANDO FL 32819

4700 LINCOLN AVENUE  
ORLANDO FL 32819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2034828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUI, MARY F  
9600 AMBLESIDE DR  
WINDERMERE FL 34786

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 registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 P ☒ Delete  
NAME ATCHESON, CLAYE  
STREET ADDRESS 9235 HIDDEN BAY LANE  
CITY ST ZIP ORLANDO FL 32819

TITLE P ☒ Change ☐ Addition  
NAME Jennifer Springer  
STREET ADDRESS 2604 Stanton Hall Ct.  
CITY ST ZIP Windermere, FL 34786

TITLE T ☐ Delete  
NAME MARQUI, MARY F  
STREET ADDRESS 9600 AMBLESIDE DR  
CITY ST ZIP WINDERMERE FL 34786

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE S ☒ Delete  
NAME HARKNESS, MARILYN  
STREET ADDRESS 7255 WOODVILLE CRESCENT  
CITY ST ZIP ORLANDO FL 32819

TITLE S ☒ Change ☐ Addition  
NAME Sandi Anderson  
STREET ADDRESS 6651 Hidden Beach Cir.  
CITY ST ZIP Orlando, FL 32819

TITLE D ☐ Delete  
NAME ARMSTRONG, FRANK  
STREET ADDRESS 2150 TALL OAK DRIVE  
CITY ST ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE VP ☐ Delete  
NAME STROUD, DONNIE  
STREET ADDRESS 4646 WOODLANDS VILLAGE DRIVE  
CITY ST ZIP ORLANDO FL 32835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Mary F. Marqui*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar. 23, 07 407-291-2886*

Date

Daytime Phone #