

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90027 042 ****61.25

DOCUMENT # 754423

1. Entity Name
PRESBYTERIAN CHURCH OF THE LAKES, INC.



Principal Place of Business
**4700 LINCOLN AVENUE
ORLANDO, FL 32819**

Mailing Address
**4700 LINCOLN AVENUE
ORLANDO, FL 32819**

40018600



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2034828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARQUI, MARY F
9600 AMBLESIDE DR
WINDERMERE, FL 34786**

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPRINGER, JENNIFER
STREET ADDRESS	2604 STANTON HALL CT.
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	T
NAME	MARQUI, MARY F
STREET ADDRESS	9600 AMBLESIDE DR
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	S
NAME	ANDERSON, SANDI
STREET ADDRESS	6651 HIDDEN BEACH CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	D
NAME	ARMSTRONG, FRANK
STREET ADDRESS	2150 TALL OAK DRIVE
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	STROUD, DONNIE
STREET ADDRESS	4646 WOODLANDS VILLAGE DRIVE
CITY - ST - ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary F. Marqui **MARY MARQUI** 1-21-08 407-291-2882