

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 766093

1. Entity Name
MAYPORT PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**1300 PALMER STREET
MAYPORT, FL 32233 US**

Mailing Address
**1300 PALMER STREET
MAYPORT, FL 32233 US**

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03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2333029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMPKINS, FRANCES
17305 EAGLE BEND BLVD.
JACKSONVILLE, FL 32226-1109**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMPKINS, FRANCES 17305 EAGLE BEND BLVD. JACKSONVILLE, FL 322261109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DWIGHT 1016 NEPTUNE LANE NEPTUNE BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GLORIA 1016 NEPTUNE LN NEPTUNE BCH, FL 3223300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACK, LYNDIA 2613 STERN DR E ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILLARD 876 PIINEER DR ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/07-80026-021 61.25

**DO NOT WRITE
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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: LYNDIA PACK Lyndia Pack 3/02/07 904-246-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #