


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90117 020 ****61.25

DOCUMENT # 768750 1. Entity Name THE MARCO PRESBYTERIAN CHURCH OF MARCO ISLAND, FLORIDA, INCORPORATED					
Principal Place of Business 875 W. ELKCAM CIRCLE MARCO ISLAND, FL 34145 US			Mailing Address 875 W. ELKCAM CIRCLE MARCO ISLAND, FL 34145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FENNELL, WALTER 783 AMBER DR MARCO ISLAND, FL 34145				Name EVELYN, PETER Street Address (P.O. Box Number is Not Acceptable) 551 DIPLOMAT COURT City MARCO ISLAND FL Zip Code 34145	
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 Peter Evelyn, P/D <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7/03/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FENNELL, WALTER 783 AMBER DR MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVELYN, PETER 551 DIPLOMAT COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NANTZ, KIRK 1857 BAHAMA AVE N. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLONDA, JAMES 4000 ROYAL MARCO WAY #727 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, TONY 430 DRIFTWOOD CT MARCO IS, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUKER, BOB 5000 ROYAL MARCO WAY #836 MARCO ISL, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EVELYN, PETER 551 DIPLOMAT COURT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, JUDY 425 RIVER COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSBURY, ED 1100 S. COLLIER BLVD #1720 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSBURY, ED 1100 S. COLLIER BLVD #1720 MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Peter Evelyn <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/03/05 239-389-1105 <small>Date Daytime Phone #</small>	