# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 768750

1. Entity Name
THE MARCO PRESBYTERIAN CHURCH OF MARCO ISLAND, FLORIDA, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 875 W. ELKCAM CIRCLE<br>MARCO ISLAND, FL 34145 US | 875 W. ELKCAM CIRCLE<br>MARCO ISLAND, FL 34145 US |

01162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2348305
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVELYN, PETER
551 DIPLOMAT COURT
MARCO ISLAND, FL 34145

**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, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | T |
| NAME | ROBERTS, JUDY |
| STREET ADDRESS | 425 RIVER COURT |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | PD |
| NAME | EVELYN, PETER |
| STREET ADDRESS | 551 DIPLOMAT COURT |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | VS |
| NAME | NANTZ, KIRK |
| STREET ADDRESS | 1857 BAHAMA AVE N. |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | D |
| NAME | KINGSBURY, ED |
| STREET ADDRESS | 1100 S. COLLIER BLVD., # 1720 |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 |
| TITLE | D |
| NAME | CASTILLO, TONY |
| STREET ADDRESS | 430 DRIFTWOOD CT |
| CITY-ST-ZIP | MARCO IS, FL 34145 |
| TITLE | D |
| NAME | BUKER, BOB |
| STREET ADDRESS | 5000 ROYAL MARCO WAY #836 |
| CITY-ST-ZIP | MARCO ISL, FL 34145 |

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02/22/06-80030-005 61.25

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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:** PETER EVELYN 2-01-06 239-389-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #