

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 043 ****61.25

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DOCUMENT # 769944 1. Entity Name PORT ORANGE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129			Mailing Address 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2233064	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRINSLEY, CAROLYN J MRS.				Name	
4662 CLYDE MORRIS BLVD.				Street Address (P.O. Box Number is Not Acceptable)	
PORT ORANGE, FL 32129				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 <i>Carolyn J Brinsley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>3/31/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	PT QUARLES, PAYTON 800 REED CANAL ROAD DAYTONA BEACH, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dupont, Hewitt 823 Valencia Rd S. Daytona, FL 32119	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DUPONT, HEWITT 823 VALENCIA ROAD SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kemp, Wilson 944 Chickadee Ln Port Orange, FL 32127	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, DON 5683 SWAN LAKE DRIVE PORT ORANGE, FL 32128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Breter, Brenda 1121 Squirrel Nest Ln Port Orange, FL 32129	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLAS, WILLIAM 3876 CARDINAL BLVD. DAYTONA BEACH, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anderson, Russell 6154 Sabal Point Dr. Daytona Bch, FL 32128	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Russell Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3/31/08</i> Daytime Phone # <i>386-788-1111</i>		