

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90031 037 \*\*\*\*61.25

<b>DOCUMENT # 771121</b> 1. Entity Name <b>PARSONS MEMORIAL PRESBYTERIAN CHURCH OF YANKEETOWN, FLORIDA, INC.</b>					
Principal Place of Business <b>5850 RIVERSIDE DR YANKEETOWN FL 34498 US</b>		Mailing Address <b>P O BOX 6 YANKEETOWN FL 34498 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6581628</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRIMBLE, GLADYS 11631 S'E 195TH LN DUNNELLON FL 34431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Glady's Trimble</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Glady's Trimble</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>2/24/04</i> <small>DATE</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DONNA 4260 W <del>WOODLAWN</del> Woodlawn ST DUNNELLON FL 34433 <i>President</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JUDY 91 ALLEN AVE INGLIS FL 34449 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yankee, Don 5215 Riverside Dr Yankeetown FL 34498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, CHERYL 39 PARK ST. INGLIS FL-34449 <i>Education Leader</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TRIMBLE, GLADYS 11631 SE 195 DUNELLON N FL 34431 <i>Church Treasurer</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOBO, ELIZABETH 18 GARDEN MALL COURT INGLIS FL 34449 <i>Clerk of Session</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNICELLA, TOM 221 COVE ROAD INGLIS FL 34449 <i>Vice President</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Donna S Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>2/25/04 352-489-5274</i> <small>Date Daytime Phone #</small>		