2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 771121

1. Entity Name
PARSONS MEMORIAL PRESBYTERIAN CHURCH OF YANKEETOWN, FLORIDA, INC.

Principal Place of Business	Mailing Address
5850 RIVERSIDE DR YANKEETOWN, FL 34498 US	P O BOX 6 YANKEETOWN, FL 34498 US

01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6581628

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIMBLE, GLADYS
11631 S E 195TH LN
DUNNELLON, FL 34431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

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	P
NAME	BROWN, DONNA
STREET ADDRESS	4200 WOODLAWN ST
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	D
NAME	YANKE, DAN
STREET ADDRESS	5215 RIVERSIDE DR
CITY-ST-ZIP	YANKEETOWN, FL 34498
TITLE	D
NAME	TOOMEY, CHERYL
STREET ADDRESS	39 PARK ST.
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	T
NAME	TRIMBLE, GLADYS
STREET ADDRESS	11631 SE 195
CITY-ST-ZIP	DUNELLON N, FL 34431
TITLE	S
NAME	SHANNAHAN, ELLEN
STREET ADDRESS	PO BOX 385
CITY-ST-ZIP	YANKEETOWN, FL 34498
TITLE	D
NAME	CARNICELLA, TOM
STREET ADDRESS	221 COVE ROAD
CITY-ST-ZIP	INGLIS, FL 34449

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02/10/06-80056-003 61.25

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11. 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.

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SIGNATURE: Donna Brown Donna S. Brown 1-26-06 489-5274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #