

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 029 ****61.25

DOCUMENT # 771121



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

Principal Place of Business
**5850 RIVERSIDE DR
YANKEETOWN, FL 34498 US**

Mailing Address
**P O BOX 6
YANKEETOWN, FL 34498 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6581628

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **SHANNAHAN, ELLEN**
Street Address (P.O. Box Number is Not Acceptable)
4715 RIVERSIDE DRIVE
City **YANKEETOWN** **FL** Zip Code **34498**

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

Ellen Shannahan

ELLEN SHANNAHAN

3/22/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROWN, DONNA**
STREET ADDRESS **4260 WOODLAWN ST**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **D** ☐ Delete
NAME **YANKE, DAN**
STREET ADDRESS **5215 RIVERSIDE DR**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☒ Delete
NAME **TOOMEY, CHERYL**
STREET ADDRESS **39 PARK ST.**
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **T** ☒ Delete
NAME **TRIMBLE, GLADYS**
STREET ADDRESS **11631 SE 195**
CITY-ST-ZIP **DUNNELLON N, FL 34431**

TITLE **S** ☐ Delete
NAME **SHANNAHAN, ELLEN**
STREET ADDRESS **PO BOX 385**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Delete
NAME **CARNICELLA, TOM**
STREET ADDRESS **221 COVE ROAD**
CITY-ST-ZIP **INGLIS, FL 34449**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **BROWN, DONNA**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CARNICELLA, ANN**
STREET ADDRESS **221 COVE ROAD**
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JUDY MARTIN, JUDY**
STREET ADDRESS **108 HUDSON ST**
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **YANKE, DAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ellen Shannahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

352-447-4614

Daytime Phone #