

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771121

FILED
Sep 01, 2009
Secretary of State

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

Current Principal Place of Business:

5850 RIVERSIDE DR
YANKEETOWN, FL 34498 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6
YANKEETOWN, FL 34498 US

New Mailing Address:

FEI Number: 59-6581628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHANNAHAN, ELLEN
4715 RIVERSIDE DRIVE
YANKEETOWN, FL 34498 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROWN, DONNA
Address: 4260 WOODLAWN ST
City-St-Zip: DUNNELLON, FL 34433

Title: P () Delete
Name: YANKE, DAN
Address: 5215 RIVERSIDE DR
City-St-Zip: YANKEETOWN, FL 34498

Title: D () Delete
Name: CARNICELLA, ANN
Address: 221 COVE ROAD
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: RICHARDS, JOYCE
Address: 5-55TH STREET
City-St-Zip: YANKEETOWN, FL 34498

Title: S () Delete
Name: SHANNAHAN, ELLEN
Address: PO BOX 385
City-St-Zip: YANKEETOWN, FL 34498

Title: V () Delete
Name: CARNICELLA, TOM
Address: 221 COVE ROAD
City-St-Zip: INGLIS, FL 34449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: OCHS, BOB
Address: 11671 S. E. 195TH PL.
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA S. BROWN

T

09/01/2009

Electronic Signature of Signing Officer or Director

Date