## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003200

FILED Apr 26, 2006 Secretary of State

Entity Name: CHRIST PRESBYTERIAN CHURCH ENDOWMENT FUND, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1035 WEST GRANADA BOULEVARD ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** 1035 WEST GRANADA BOULEVARD ORMOND BEACH, FL 32174 FEI Number: 59-3684395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLANIKEN, ERNEST H REV COLE, JOHN E DR 1035 WEST GRANADA BOULEVARD 1035 WEST GRANADA BOULEVARD ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 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: JOHN E COLE 04/26/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SIMS, G. LARRY Name: Name: 5 CIRCLE OAKS TRAIL Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition GLOVER, PETER Name: Name: Address: 483 N. BEACH ST. Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: () Change () Addition ABATE, MICHAEL Name: Name: 21 FOXFORDS CHASE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HARPER, WILLIAM Name: Name: Address: **5 BARCELONA TRAIL** Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM D HARPER D 04/26/2006