2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 05-04-2006 90213 030 ****61.25 DOCUMENT # N00000008240 MEMORIAL PRESBYTERIAN CHURCH SOCIETY OF ST. AUGUSTINE, INC. Principal Place of Business Mailing Address 40083545 32 SEVILLA ST. 32 SEVILLA ST. ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-0637875 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LILLY, LAWRENCE G 336 REDWING LANE Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE, FL 32080 City Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Efection Campaign Financing Make check payable to \Box Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. d Delete TITLE TITLE ☐ Change Addition Henry Hull 169 Heron's Nast Lane CARTER, JAMES D NAME NAME STREET ADDRESS 3090 MONUMENT BAY ROAD STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32092 CITY-ST-ZIP 32080 TITLE Delete TITLE ☐ Change Addition BROWN, SHELIA NAME NAME 201 OGLETHORPD BLVD STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE, FL 32080 CITY-ST-7IP CITY-ST-ZIP 32084 Delete TITLE TITLE ☐ Change Addition Barbara Aitken EZELLE, JIM NAME NAME 839,5024 Drive 908 EAGLE DR STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition william Gay Dr MASTERS, BERNARD M NAME NAME STREET ADDRESS 10560 C.R. 13 NORTH STREET ADDRESS 525 Lakeway SAINT AUGUSTINE, FL 32092 CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE TITLE Addition KELLER, TED NAME NAME James McNabb **601 MULLIGAN WAY** 5,04 Furth STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL. 32080 CITY-ST-ZIP CITY-ST-ZIP 🖒 Change Delete Addition TITLE TITI F SPAULDING, JAMES R 247 MAISHSIGE Dr. 32 DOLPHIN DRIVE STREET ADORESS STREET ADDRESS CITY-ST-71P ST AUGUSTINE, FL 32080 CITY- ST- ZIP St. ALGUSTIN, FL 3 2000

12. Thereby 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.

ASIGNATURE AND STREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORGA T. KRUCK MAN 1, 2004

FILED May 04, 2006 8:00 am

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000008240 1. Entity Name MEMORIAL PRESBYTERIAN CHURCH SOCIETY OF ST. AUGUSTINE, INC.					ATTACHMENT					
Principal Place 32 SEVILLA S ST. AUGUSTIN		Mailing Address 32 SEVILLA ST. ST. AUGUSTINE, FL 3.	<u> </u>		40083545					
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272006 Ch	g-NP	CR2E03	37 (4/06)		
City & State		City & State			4. FEI Number Applied For 59-0637875 Not Applicable					
Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired		8.75 Add ee Required		
	6. Name and Address of Current R	legistered Agent			7. Name and Add	ess of New R	egistered A	gent		
THEV LAW	MDENCE C		Name							
LILLY, LAWRENCE G 336 REDWING LANE ST. AUGUSTINE, FL 32080			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City			_ _	FL	Zip Code	e i	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	ts registered office o	r register	ed agent, or both, in	the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE .			·							
					 _					
-14	Signature, typed or printed name of registered agent at		TE Registered Agent signat	ure required	<u> </u>		DATE			
-2.	Filing Fee is \$61.25 Due by May 1, 2006	9. Élection Ca Trust Fund	TE Registered Agent signal ampaign Financing Contribution.	ure required	\$5.00 May Be Added to Fees		ake check ida Depart			
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SIGNATURE: JOHN THE AND THE DESTRUCTION OFFICER OR DIRECTOR Date Date Destroy Proper Proper