

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90213 030 ****61.25

DOCUMENT # N00000008240					
1. Entity Name MEMORIAL PRESBYTERIAN CHURCH SOCIETY OF ST. AUGUSTINE, INC.					
Principal Place of Business 32 SEVILLA ST. ST. AUGUSTINE, FL 32084			Mailing Address 32 SEVILLA ST. ST. AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0637875	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LILLY, LAWRENCE G 336 REDWING LANE ST. AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, JAMES D 3090 MONUMENT BAY ROAD ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry Hull 169 Heron's Nest Lane St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, SHELIA 201 OGLETHORPD BLVD SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beverly Stuart 249 Kingston Dr St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZELLE, JIM 908 EAGLE DR SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Aitken 239 Joey Drive St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, BERNARD M 10560 C.R. 13 NORTH SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Gay 525 Lakeway Dr St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLER, TED 601 MULLIGAN WAY ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James McNabb 504 Fourth St. St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPAULDING, JAMES R 32 DOLPHIN DRIVE ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Matuza 247 Marshside Dr. St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Loren T. Keller</u> LOREN T. KELLER <u>May 1, 2006</u> <u>904-461-0281</u> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0637875	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LILLY, LAWRENCE G 336 REDWING LANE ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, JAMES D 3090 MONUMENT BAY ROAD ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James Glenos 107 Inlet Dr. St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, SHELIA 201 OGLETHORPD BLVD SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Parsons 8 Seascape Circle St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZZELLE, JIM 908 EAGLE DR SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, BERNARD M 10560 C.R. 13 NORTH SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLER, TED 601 MULLIGAN WAY ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPAULDING, JAMES R 32 DOLPHIN DRIVE ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Lozen T. Keller</u> <u>May 1, 2006</u> <u>904-461-0283</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40083545

04272006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-0637875 Applied For Not Applicable

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

LILLY, LAWRENCE G
336 REDWING LANE
ST. AUGUSTINE, FL 32080

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Delete
NAME	CARTER, JAMES D	<input checked="" type="checkbox"/>
STREET ADDRESS	3090 MONUMENT BAY ROAD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	

TITLE	NAME	Delete
NAME	BROWN, SHELIA	<input checked="" type="checkbox"/>
STREET ADDRESS	201 OGLETHORPD BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	

TITLE	NAME	Delete
NAME	EZZELLE, JIM	<input checked="" type="checkbox"/>
STREET ADDRESS	908 EAGLE DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	

TITLE	NAME	Delete
NAME	MASTERS, BERNARD M	<input checked="" type="checkbox"/>
STREET ADDRESS	10560 C.R. 13 NORTH	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	

TITLE	NAME	Delete
NAME	KELLER, TED	<input type="checkbox"/>
STREET ADDRESS	601 MULLIGAN WAY	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	

TITLE	NAME	Delete
NAME	SPAULDING, JAMES R	<input checked="" type="checkbox"/>
STREET ADDRESS	32 DOLPHIN DRIVE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	

TITLE	NAME	Change	Addition
NAME	James Glenos	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	107 Inlet Dr.		
CITY-ST-ZIP	St. Augustine, FL 32080		

TITLE	NAME	Change	Addition
NAME	Mark Parsons	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	8 Seascape Circle		
CITY-ST-ZIP	St. Augustine, FL 32080		

TITLE	NAME	Change	Addition
NAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	NAME	Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	NAME	Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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SIGNATURE: Lozen T. Keller May 1, 2006 904-461-0283
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