


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90267 044 \*\*\*\*61.25

<b>DOCUMENT # N00000008240</b> 1. Entity Name <b>MEMORIAL PRESBYTERIAN CHURCH SOCIETY OF ST. AUGUSTINE, INC.</b>					
Principal Place of Business <b>32 SEVILLA ST. ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>32 SEVILLA ST. ST. AUGUSTINE, FL 32084</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-0637875</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LILLY, LAWRENCE G 336 REDWING LANE ST. AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALL, HENRY</b> <b>169 HERON'S LANE</b> <b>SAINT AUGUSTINE, FL 32080</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GLENOS, WILLIAM T., JR.</b> <b>107 INLET DRIVE</b> <b>SAINT AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>STUART, BEVERLY</b> <b>249 KINGSTON DR</b> <b>SAINT AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MENABE, JAMES M.</b> <b>504 FOURTH STREET</b> <b>SAINT AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AITKEN, BARBARA</b> <b>239 JOEY DRIVE</b> <b>SAINT AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARSONS, MARK E.</b> <b>8 SEASCAPE CIRCLE</b> <b>SAINT AUGUSTINE, FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GAY, WILLIAM</b> <b>525 LAKEWAY DR</b> <b>SAINT AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROSE, WILLIAM</b> <b>33 VALENCIA STREET</b> <b>SAINT AUGUSTINE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KELLER, TED</b> <b>601 MULLIGAN WAY</b> <b>ST AUGUSTINE, FL 32080</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCNITTNER, JEFFRY D.</b> <b>3409 KINGS ROAD SOUTH</b> <b>SAINT AUGUSTINE, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, CAROL</b> <b>5166 HOLLY ROAD</b> <b>SAINT AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, CAROL</b> <b>5166 HOLLY ROAD</b> <b>SAINT AUGUSTINE, FL 32080</b>
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.					
<b>SIGNATURE:</b> <i>Beverly Stuart</i>			<b>4-17-07</b>		<b>904-829-6451</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>