

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008240

FILED
Feb 11, 2009
Secretary of State

Entity Name: MEMORIAL PRESBYTERIAN CHURCH SOCIETY OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

32 SEVILLA ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

32 SEVILLA ST.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-0637875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLY, LAWRENCE G
336 REDWING LANE
ST. AUGUSTINE, FL 32080 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: GLENOS, WILLIAM J JR
Address: 107 INLET DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: STUART, BEVERLY
Address: 249 KINGSTON DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: AITKEN, BARBARA
Address: 239 JOEY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: GAY, WILLIAM
Address: 525 LAKEWAY DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Delete
Name: SCHNITTKER, JEFFRY D
Address: 3409 KINGS ROAD SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: WILLIAMS, CAROL
Address: 5166 HOLLY ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32080

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
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Address:
City-St-Zip:

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

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

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: MARGARET ANN EDMISTON

TREA

02/11/2009

Electronic Signature of Signing Officer or Director

Date