

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90008 006 ****61.25

DOCUMENT # N00277					
1. Entity Name WESTMINSTER PRESBYTERIAN CHURCH INC. OF MILTON					
Principal Place of Business 6659 PARK AVENUE MILTON, FL 32570			Mailing Address 6659 PARK AVENUE MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3750817	
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		
WILLIS, OBIE E 6659 PARK AVENUE MILTON, FL 32570			Name BRUCE SCHENCK Street Address (P.O. Box Number is Not Acceptable) 634 S. SELLERS DRIVE City MILTON FL Zip Code 32570		
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 <i>Bruce C Schenck</i>		BRUCE C. SCHENCK		3-23-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, JOE		NAME	DAN KENNEDY	
STREET ADDRESS	5301 EMERALD DR		STREET ADDRESS	4672 KEYSER LANE	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	RA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUELSEN, MARLAN		NAME	BRUCE SCHENCK	
STREET ADDRESS	6436 PINÉ BLOSSOM RD		STREET ADDRESS	634 S. SELLERS DR	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	MILTON, FL 32570	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, OBIE E		NAME	WILLIS, OBIE E	
STREET ADDRESS	6136 OBIE WILLIS ROAD		STREET ADDRESS	6136 OBIE WILLIS RD	
CITY-ST-ZIP	MILTON, FL		CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Obie E. Willis</i>		3-23-08		850-623-3731	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40056299



03182008 Chg-NP CR2E037 (12/06)