

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001281

FILED
Feb 27, 2009
Secretary of State

Entity Name: FIRST PRESBYTERIAN PRESCHOOL OF BRANDON, INC.

Current Principal Place of Business:

121 CARVER AVE.
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

121 CARVER AVE.
BRANDON, FL 33510

New Mailing Address:

FEI Number: 65-1155535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, MARK
1430 OAKFIELD DR.
BRANDON, FL 33511 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: D () Delete
Name: CHIPMAN, KAREN
Address: 2220 GOLF MANOR BLVD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: DONOVAN, NANCY
Address: 1029 LEGENDS PASS DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: JOHNSTON, DAVE
Address: 401 SUMMERHILL DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: EMMONS, SUSAN
Address: 3005 AVALON TERR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SCOBIE, KARLA
Address: 4533 SWIFT CR
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUTHERLAND, SAM
Address: 7011 LITHIA WOODS CT
City-St-Zip: LITHIA, FL 33547

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
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCNAIR, ELIZABETH
Address: 901 HOLLYBERRY CT
City-St-Zip: BRANDON, FL 33511

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: SUSAN EMMONS

VP

02/27/2009

Electronic Signature of Signing Officer or Director

Date