

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004430

1. Entity Name
RED BAY PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**10319 ROCK HILL RD
PONCE DE LEON, FL 32455**

Mailing Address
**9613 STATE HWY 81
PONCE DE LEON, FL 32455**



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2069716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALTER, RAY L
961 SR 81
PONCE DE LEON, FL 32455**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restateing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000930971
05/21/08-80131-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RAY, WALTER L
STREET ADDRESS	9613 STATE HIGHWAY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	E
NAME	MILLER, OVIDA
STREET ADDRESS	8662 STATE HWY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	E
NAME	MCDONALD, WAYNE
STREET ADDRESS	662 MOSSY BEND RD
CITY-ST-ZIP	RED BAY, FL 32455

TITLE	T
NAME	GOMILLION, A.E.
STREET ADDRESS	8686 ST HWY 81
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	T
NAME	MCDONALD, NORMA
STREET ADDRESS	501 MOSSY BEND RD
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Ray *Walter L. Ray* 04/25/08

Date

850-836-4732

Daytime Phone #