

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004430

FILED
Apr 28, 2009
Secretary of State

Entity Name: RED BAY PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

10319 ROCK HILL RD
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

9613 STATE HWY 81
PONCE DE LEON, FL 32455

New Mailing Address:

9613 SO STATE HWY 81
PONCE DE LEON, FL 32455

FEI Number: 59-2069716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALTER, RAY L
9613 SO. STATE HIGHWAY 81
PONCE DE LEON, FL 32455 US

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: WALTER L. RAY

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RAY, WALTER L
Address: 9613 STATE HIGHWAY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: E () Delete
Name: MILLER, OVIDA
Address: 8662 STATE HWY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: E (X) Delete
Name: MCDONALD, WAYNE
Address: 662 MOSSY BEND RD
City-St-Zip: RED BAY, FL 32455

Title: T () Delete
Name: GOMILLION, A.E.
Address: 8686 ST HWY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: T () Delete
Name: MCDONALD, NORMA
Address: 501 MOSSY BEND RD
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MILLER, OVIDA
Address: 8662 STATE HWY 81
City-St-Zip: PONCE DE LEON, FL 32455

Title: () Change () Addition
Name:
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: WALTER L. RAY

C

04/28/2009

Electronic Signature of Signing Officer or Director

Date