

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005025

FILED
Apr 15, 2007
Secretary of State

Entity Name: WAKULLA PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

3383 COASTAL HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3383 COASTAL HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 01-0579356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHEA, RICHARD
58 CEDAR AVE
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: RHEA, RICHARD
Address: 58 CEDAR AVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: KINDER, GERALD
Address: 23 SARAH CT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: KINDER, MARGARET
Address: 23 SARAH CT
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD L. RHEA

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date