2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

1. Entity Name ALL VILLAGES PRESBYTERIAN CHURCH (USA), INC.					03-2	21-2005 90:	124 022 ****	70.00	
	e of Business ATHERWOOD BLVD ST, FL 34986	Mailing Address 619 SW LAKE CHARLESCI ST. LUCIE WEST, FL 349					~ v u m (70 (0	
	1	La serie i i i i i i i i i i i i i i i i i i]					
2. Principal Place of Business		3. Mailing Address 1550 SW Heatherwood Suite, Apt. #, etc. Blvd.		∞d)	HUTEL BAIN MUTUR IINA EI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	B	IVO.	02182005 Chg	3-NP	CR2E037 (10/0	3)	
City & State	9	St Lucie Wes	st, FL		4. FEI Number 02-0544468		. -	Applied For Not Applicable	
Zip	Country	- Zip 34986 -	Country -		5. Certificate of Stat	us Desired	\$8.75	Additional =	
	6. Name and Address of Current F	Registered Agent		I	7. Name and Addre	ess of New Re			
MAXAM N	IOFL R		Name	San	n Beatt	У			
MAXAM, NOEL R 432 NW LISMORE LANE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
ST. LUCIE	WEST, FL 34986								
	1		City	20rt	-St Lucio	0	FL Zip	Code 34986	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office of				ida. I am familiar	with, and accept	
the obligat	ions of registered agent.								
SIGNATURE	10.		<u> </u>			,	3/15/0	5	
,	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signat	ture required			rváπ⊨ ″		
	7	(100	Teglatered Agent dignet	iore required	when reinstating)				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ke check payat ia Department (4	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: