

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 003 ****70.00

DOCUMENT # N02000000327

1. Entity Name
ALL VILLAGES PRESBYTERIAN CHURCH (USA), INC.



Principal Place of Business
1550 S W HEATHERWOOD BLVD
ST. LUCIE WEST, FL 34986

Mailing Address
1550 SW HEATHERWOOD BLVD
ST. LUCIE WEST, FL 34986

40017174



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
02-0544468

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATTY, SAM
432 NW LISMORE LANE
PORT ST LUCIE, FL 34986

Name LISA J. BENSON

Street Address (P.O. Box Number is Not Acceptable)

9630 FAIRWOOD COURT

City PORT ST LUCIE

FL

Zip Code 34986

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

Lisa J. Benson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME BENSON, LISA
STREET ADDRESS 9630 FAIRWOOD COURT
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☒ Delete
NAME BEATTY, SAM
STREET ADDRESS 432 NW LISMORE LANE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

P ☐ Change ☒ Addition
NAME PRITCHETT, ERVIN
STREET ADDRESS 949 SW GRAND RESERVE BLVD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

S ☐ Delete
NAME SHEARER, BETTY
STREET ADDRESS 920 SE ATLANTIC AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lisa Benson, Treasurer*

2/5/07

772-468-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #