


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90016 029 \*\*\*\*61.25

**DOCUMENT # N03000008077**

1. Entity Name  
**GLENDALÉ PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
 9218 STATE HWY 83 NORTH  
 DEFUNIAK SPRINGS, FL 32433

Mailing Address  
 9218 STATE HWY 83 NORTH  
 DEFUNIAK SPRINGS, FL 32433

40010766



2. Principal Place of Business  
 Suite, Apt. #, etc. *N/A*  
 City & State *N/A*  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

3. Mailing Address  
 Suite, Apt. #, etc. *N/A*  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

01162005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM H**  
**664 BALDWIN AVENUE**  
**DEFUNIAK SPRINGS, FL 32435**

7. Name and Address of New Registered Agent

Name *N/A*  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

*N/A*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRIE, NANCY E	
STREET ADDRESS	6381 COUNTY HWY 1084 WEST	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVINS, PAMELA	
STREET ADDRESS	5077 US HWY 331 NORTH	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KERVIN, WILLIAM S	
STREET ADDRESS	604 ANDY NOWLING ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSLEY, THOMAS D	
STREET ADDRESS	3089 COUNTY HWY 183-B	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, LEWIS R	
STREET ADDRESS	966 HILL STREET	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, MARTIN A	
STREET ADDRESS	305 RALEY ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Pamela Leavins* 2-13-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #