

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001079

FILED  
Mar 30, 2008  
Secretary of State

Entity Name: BAY PRESBYTERIAN CHURCH INC.

## Current Principal Place of Business:

9694 LITCHFIELD LANE  
NAPLES, FL 34109

## New Principal Place of Business:

26911 S BAY DRIVE  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

9694 LITCHFIELD LANE  
NAPLES, FL 34109

## New Mailing Address:

26911 S BAY DRIVE  
BONITA SPRINGS, FL 34134

FEI Number: 20-2320500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, JOHN  
9694 LITCHFIELD LANE  
NAPLES, FL 34109 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: ANDERSON, JOHN  
Address: 9694 LITCHFIELD LANE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: YOUNG, DAVID  
Address: 27210 BAREFOOT LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: BUCK, ROB  
Address: 3824 SURVEY CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS S (X) Change ( ) Addition  
Name: ANDERSON, JOHN  
Address: 9694 LITCHFIELD LANE  
City-St-Zip: NAPLES, FL 34109

Title: P (X) Change ( ) Addition  
Name: KILPATRICK, GEORGE K  
Address: 605 101 AVE N  
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change ( ) Addition  
Name: MILLER, STUART  
Address: 131 CAJEPUT DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Change (X) Addition  
Name: STORY, JOHN B  
Address: 25121 PENNYROYAL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S ( ) Change (X) Addition  
Name: BOWMAN, WAYNE D  
Address: 6030 SATNDING OAKS LANE  
City-St-Zip: NAPLES, FL 34119

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: JOHN B STORY, TREASURER

T

03/30/2008

Electronic Signature of Signing Officer or Director

Date