

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001079

FILED
Apr 27, 2009
Secretary of State

Entity Name: BAY PRESBYTERIAN CHURCH INC.

Current Principal Place of Business:

26911 S BAY DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26911 S BAY DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

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

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

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

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

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

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:

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 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

MR.

04/27/2009

Electronic Signature of Signing Officer or Director

Date