

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05332

FILED
Apr 20, 2007
Secretary of State

Entity Name: COMMUNITY PRESBYTERIAN CHURCH

Current Principal Place of Business:

150 SHERRY DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

150 SHERRY DRIVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-6045125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACINNES, DAVID
373 FIFTH STREET
ATLANTIC BEACH, FL 32233 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: T () Delete
Name: ANDERSON, DONALD
Address: 313 OCEANWALK DRIVE, NORTH
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P () Delete
Name: MACINNES, DAVID
Address: 373 FIFTH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: COSBY, ROBERT
Address: 56 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: PADGETT, DON
Address: 2102 FIRST STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T () Delete
Name: SMITH, TOM
Address: 1890 BEACHSIDE COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: VANDERBAAN, RON
Address: 1860 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CARITHERS, HUGH
Address: 223 OCEAN BLVD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PHILLIPS, STEVE
Address: 516 FIRST STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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 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: DAVID MACINNES

P

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date