2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05332

FILED Mar 04, 2009 Secretary of State

Entity Name: COMMUNITY PRESBYTERIAN CHURCH

	Principal Place of Business:	New Principal Place of Business:
	RRY DRIVE C BEACH, FL 32233	
Current N	Mailing Address:	New Mailing Address:
	RRY DRIVE D BEACH, FL 32233	
FEI Number	r: 59-6045125 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
PHILLIPS, 1538 EMM NEPTUNE		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Ag	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:	T () Delete	Title: () Change () Addition
\ddress:	CARITHERS, HUGH 223 OCEAN BLVD. ATLANTIC BEACH, FL 32233	Name: Address: City-St-Zip:
Address: City-St-Zip: Title: Name: Address:	223 OCEAN BLVD.	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	223 OCEAN BLVD. ATLANTIC BEACH, FL 32233 T () Delete DAVIDSON, PAUL 1650 PARK TERRACE WEST	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	223 OCEAN BLVD. ATLANTIC BEACH, FL 32233 T () Delete DAVIDSON, PAUL 1650 PARK TERRACE WEST ATLANTIC BEACH, FL 32233 P () Delete PHILLIPS, STEVE 1538 EMMA LANE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address: Address:	223 OCEAN BLVD. ATLANTIC BEACH, FL 32233 T () Delete DAVIDSON, PAUL 1650 PARK TERRACE WEST ATLANTIC BEACH, FL 32233 P () Delete PHILLIPS, STEVE 1538 EMMA LANE NEPTUNE BEACH, FL 32266 T () Delete ANDREWS, BRUCE 328 11TH STREET	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: STEVE PHILLIPS P 03/04/2009