2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N06000007818

Entity Name: FLEMING ISLAND PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

1743 CR 220
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1743 CR 220
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-5296520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIKEN, ROXANNE
1936 VISTA LAKES DRIVE
ORANGE PARK, FL 32003 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: DP ( ) Delete
Name: MUSSER, KURT
Address: 1440 CREEKS EDGE CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32003

Title: DS ( ) Delete
Name: POIDEVANT, DIANE
Address: 548 LAKE ASBURY DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT ( ) Delete
Name: DRYDEN, RONALD
Address: 4747 PINE GATE RD
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: NEW, CATHY
Address: 1486 CEDAR GROVE TER.
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: SWEEP, CAL
Address: 1554 COUNTRY WALK DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: BOWLING, CHARLES
Address: 267 WEST SHORES RD
City-St-Zip: ORANGE PARK, FL 32003

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:

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: KURT MUSSER DP 04/03/2009

Electronic Signature of Signing Officer or Director — Date