

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008263

FILED
Jul 08, 2008
Secretary of State

Entity Name: GULFSTREAM PRESBYTERY INC.

Current Principal Place of Business:

217 AKRON AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

217 AKRON AVENUE
STUART, FL 34994

New Mailing Address:

FEI Number: 42-1695963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTUSKA, PETER A
217 AKRON AVENUE
STUART, FL 34994 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: PD () Delete
Name: VAN EYK, BERNIE
Address: 1875 NW BRITT RD
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: ROFF, LARRY
Address: 2101 6TH AVE SOUTH
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: STARKOSKI, SHAWN
Address: 2703 N SEACREST BLVD
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: BARTUSKA, PETER A
Address: 217 AKRON AVENUE
City-St-Zip: STUART, FL 34994

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:

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: PETER BARTUSKA

SD

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date