FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N07684**

1. Corporation Name

## PINE RIDGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90001 022 \*\*\*\*61.25



3900 S. HIAWASSEE RD. 3900 S. HIAWASSEE RD. ORLANDO FL 32835-6337 ORLANDO FL 32835-6337							
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 02/18/1985		
21		Suite, Apt. #, etc.			4. FEI Number	Applied	For
Suite, Apt.	#, etc.	27			58-0063709	Not Apr	
City & State		City & State			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00 May	Be
24	25 29 30		0		Trust Fund Contribution	Added to Fe	es
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			}
MEYER, GREG 1408 OAKLEY ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806			83				.
			84	1	Fl		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or porh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fatalliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature Typed or ground name of positional and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE				] Addition
NAME	DAVID NETZORG		1.2 NAME	Į	6861 Tamaring Cr	rche	- {
STREET ADDRESS	6427 SPANGE COVE DR		1.3 STREE	TADORESS		· • •	}
CITY-ST-ZIP	ORLANDO FL 32819			ST-ZIP		<del></del>	7.0.4.00
TTTLE	D	☐ DELETE	2.1.TITLE			Change	Addition
NAME	BOYD PASTOOR	2.2 N		ļ	معها فطبه الصهولة كالمرابط المراب المرابط المنافر والمراجعين	سيندد مينحيوس كثبر	<u></u>
STREET ADDRESS	1664 SACKETT CIR.	IONETT ON.		T ADDRESS			
CITY-ST-ZIP	ORLANDO FL			ST-ZIP		☐ Change ☐	Addition
TITLE	שו		3.1 T/TLE 3.2 NAME		111111111111111111111111111111111111111		-
NAME	HUMPHREYS, WESLEY   6861 TAMARIND CIRCLE			T ADORESS	1145 Malm COVE D	1/1/V	
STREET ADORESS  CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP	1145 Palm Cove D 32835		·
TITLE	D	DELETE 4.1 TI		<u> </u>		☐ Change ☐	Addition
NAME	MEYER, GREGORY		4. 2 NAME	:			ļ
STREET ADDRESS			4.3 STREE	ET ADDRESS			1
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE 5.1 TIT				☐ Change ☐	Addition
NAME	MORRISON, RICHARD		5.2 NAME	i			
STREET ADDRESS	r			ET ADDRESS		٠	
CITY-ST-ZIP	ORLANDO FL 32819	☐ DELETE	5.4 CITY-5 6.1 TITLE	5(+ZIP		Change	Addition
TITLE	1	□ pereis	6.2 NAME		·		
NAME				T ADDRESS			
STREET ADDRESS			6.4 CITY-5	1			.
CITY-ST-7IP	I .		, ,				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP