


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N07684  
 1. Entity Name  
 PINE RIDGE PRESBYTERIAN CHURCH, INC.



Principal Place of Business      Mailing Address  
 3900 S. HIAWASSEE RD.      3900 S. HIAWASSEE RD.  
 ORLANDO, FL 32835-6337      ORLANDO, FL 32835-6337

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 58-0063709      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MEYER, GREG  
 1408 OAKLEY ST.  
 ORLANDO, FL 32806

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVID NETZORG
STREET ADDRESS	6403 ORANGE COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	BOYD PASTOOR
STREET ADDRESS	9107 GALLEON CT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	TD
NAME	HUMPHREYS, WESLEY
STREET ADDRESS	1145 PALM COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	MEYER, GREGORY
STREET ADDRESS	1408 OAKLEY ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	MORRISON, RICHARD
STREET ADDRESS	6204 ORANGE COVE DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	PENT, TIMOTHY
STREET ADDRESS	1876 BLACKWOOD AVE
CITY-ST-ZIP	GOTHA, FL 34734

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 01/10/05-80074-016 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wesley Humphreys*      **WESLEY HUMPHREYS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR      **1145 Palm Cove Drive**  
 Date: \_\_\_\_\_      Daytime Phone #: **1-605 (407) 523-6361**

Orlando, FL 32835