

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# N11290

Entity Name: RIVER RIDGE PRESBYTERIAN CHURCH, P.C.A., INC.

**Current Principal Place of Business:**

9230 RIDGE RD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

9230 RIDGE RD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 59-3092936      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINDT, MICHAEL D  
5912 CACHETTE DE RIVIERA COURT  
NEW PORT RICHEY, FL 34655 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: NICHOLAS, GEORGE  
Address: 12322 CASSOWAY LN  
City-St-Zip: SPRING HILL, FL 34610

Title: TD ( ) Delete  
Name: DOUGLAS, DOROTHY  
Address: 7506 MUSCOVY LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete  
Name: DRUNASKY, TOM  
Address: 6042 DELAWARE AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

**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:

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: DOROTHY M DOUGLAS

TD

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date