

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90042 026 ****61.25

DOCUMENT # N12689

1. Entity Name

**THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS,
INC.**



Principal Place of Business

% PETER BOYD THOMPSON
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655-8329

Mailing Address

% PETER BOYD THOMPSON
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655-8329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2594925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, PETER BOYD
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOOCK, ROBERT ☒ Delete
4710 JERRILYN COURT
NEW PORT RICHEY FL 24

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TB
HOBBS, ELEANOR ☐ Change ☒ Addition
18909 JUSTICE DR.
PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILHELM, JOHN ☐ Delete
15340 OLD DIXIE HWY
HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CASHEN, BRET ☐ Change ☒ Addition
4023 ADDAX DR.
NEW PORT RICHEY FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
JOHNSON, GERALD ☒ Delete
1322 KINGS WAY LN
TARPOON SPRINGS FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
JOHNSON, KELLER ☐ Change ☒ Addition
1313 HICKORY MOSS PL
TRINITY FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GOODLIN-COUTURE, CAROL ☒ Delete
4346 OTTER WAY
NEW PORT RICHEY FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
WILHELM, JOHN ☒ Change ☐ Addition
15340 OLD DIXIE HWY
HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #