


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 048 ****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		4. FEI Number 59-2594925																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.																																																																																																																									
6. Name and Address of Current Registered Agent THOMPSON, PETER BOYD 4651 LITTLE ROAD NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">TT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOBBS, ELEANOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10909 JUSTICE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT RICHEY, FL 34668</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILHELM, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15340 OLD DIXIE HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HUDSON, FL 34667</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASHEN, BRET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4623 ADOAX DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34653</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, KELLER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1313 HICKORY MOSS PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRINITY, FL 34655</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	TT	<input type="checkbox"/> Delete	NAME	HOBBS, ELEANOR		STREET ADDRESS	10909 JUSTICE DR		CITY-ST-ZIP	PORT RICHEY, FL 34668		TITLE	PT	<input type="checkbox"/> Delete	NAME	WILHELM, JOHN		STREET ADDRESS	15340 OLD DIXIE HWY		CITY-ST-ZIP	HUDSON, FL 34667		TITLE	ST	<input type="checkbox"/> Delete	NAME	CASHEN, BRET		STREET ADDRESS	4623 ADOAX DR		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		TITLE	VT	<input type="checkbox"/> Delete	NAME	JOHNSON, KELLER		STREET ADDRESS	1313 HICKORY MOSS PL		CITY-ST-ZIP	TRINITY, FL 34655		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete																																																																																																																											
NAME	HOBBS, ELEANOR																																																																																																																												
STREET ADDRESS	10909 JUSTICE DR																																																																																																																												
CITY-ST-ZIP	PORT RICHEY, FL 34668																																																																																																																												
TITLE	PT	<input type="checkbox"/> Delete																																																																																																																											
NAME	WILHELM, JOHN																																																																																																																												
STREET ADDRESS	15340 OLD DIXIE HWY																																																																																																																												
CITY-ST-ZIP	HUDSON, FL 34667																																																																																																																												
TITLE	ST	<input type="checkbox"/> Delete																																																																																																																											
NAME	CASHEN, BRET																																																																																																																												
STREET ADDRESS	4623 ADOAX DR																																																																																																																												
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653																																																																																																																												
TITLE	VT	<input type="checkbox"/> Delete																																																																																																																											
NAME	JOHNSON, KELLER																																																																																																																												
STREET ADDRESS	1313 HICKORY MOSS PL																																																																																																																												
CITY-ST-ZIP	TRINITY, FL 34655																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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: <u>Eleanor G. Hobbs</u> <u>3/29/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													