


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 048 ****61.25

DOCUMENT # N12689 1. Entity Name THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.					
Principal Place of Business C/O DOROTHY PAONE 4651 LITTLE ROAD NEW PORT RICHEY, FL 34655-8329			Mailing Address C/O DOROTHY PAONE 4651 LITTLE ROAD NEW PORT RICHEY, FL 34655-8329		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2594925	
				Applied For <input type="checkbox"/> Not Applicable	
				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 PHILIP D. HOLLINS Street Address (P.O. Box Number is Not Acceptable) 4651 LITTLE ROAD City NEW PORT RICHEY FL Zip Code 34655		
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 <u><i>Philip D. Hollins</i></u> DATE <u><i>6/18/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, ELEANOR		NAME	ROBERT F. HOOK	
STREET ADDRESS	10909 JUSTICE DR		STREET ADDRESS	4710 JERRILYNN CT	
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSSEMAN, DAVID D		NAME		
STREET ADDRESS	12031 PENZANCE LN		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654		CITY - ST - ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, GERALD		NAME	GARY FRANK	
STREET ADDRESS	1322 KINGS WAY LANE		STREET ADDRESS	1118 HOMINY HILL DR	
CITY - ST - ZIP	TARPOON SPRINGS, FL 34688		CITY - ST - ZIP	TRINITY FL 34655	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREAZE, HEATHER		NAME	CASEY LUCCHESI	
STREET ADDRESS	8161 BLUE FINCH WAY		STREET ADDRESS	9214 GOLF VIEW DR	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653		CITY - ST - ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Robert F. Hook</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>7/3/07</i></u> Daytime Phone # _____		