

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17526

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF TEQUESTA FOUNDATION, INC.

**Current Principal Place of Business:**

482 TEQUESTA DRIVE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

482 TEQUESTA DRIVE  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 58-7075051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHAFFER, C. PATRICK  
482 TEQUESTA DR.  
TEQUESTA, FL 33469      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: P ( ) Delete  
Name: SLOAN, KEN  
Address: 482 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

Title: VP ( ) Delete  
Name: BUTDORF, BILL  
Address: 482 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

Title: S ( ) Delete  
Name: BOCK, NORMA  
Address: 482 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

Title: T ( ) Delete  
Name: RIPPE, SCOTT  
Address: 482 TEQUESTA DR.  
City-St-Zip: TEQUESTA, FL 33469

**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:

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: C. PATRICK SHAFFER

DR.

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date