

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17656**

1. Entity Name  
**PALM CITY PRESBYTERIAN CHURCH (U.S.A.), INC.**



Principal Place of Business  
**2700 MARTIN HIGHWAY  
P O BOX 517  
PALM CITY, FL 34990**

Mailing Address  
**2700 MARTIN HIGHWAY  
P O BOX 517  
PALM CITY, FL 34990**



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2795860**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TATJE, ENID  
2700 MARTIN HIGHWAY  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

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 Enid Tatje

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000657915  
03/15/07-80017-005 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TERECH, JOHN 3003 S.W. NEWBERRY CT PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULZ, EUGENE J 13328 MAPLEWOOD RD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHIRLEY, PAUL 4110 SW LAKESIDE DR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORESTIER, POLLY 1565 SW BALMORAL TERRANCE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #