

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20137

FILED
Mar 08, 2007
Secretary of State

Entity Name: MARKHAM WOODS PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

5210 MARKHAM WOODS ROAD
LAKE MARY, FL 327464000

New Principal Place of Business:

Current Mailing Address:

5210 MARKHAM WOODS ROAD
LAKE MARY, FL 327464000

New Mailing Address:

FEI Number: 59-2665755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLOTTE L MRS.
1004 GROVE MANOR DR.
SANFORD, FL 32771 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: PD () Delete
Name: BARKS, JAMES A MR.
Address: 1 VILLAGE GREEN
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: DENMON, JULIE
Address: 488 AUTUMN OAKS PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: BECK, DAVID
Address: 3910 WIMBLEDON DR.
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: SMITH, CHARLOTTE L
Address: 1004 GROVE MANOR DR.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SCHICKOFKE, ROBERT
Address: 492 SOTHEBY WAY
City-St-Zip: DE BARY, FL 32713

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 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: DAVID BECK

VPD

03/08/2007

Electronic Signature of Signing Officer or Director

Date