

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20137

FILED
Mar 12, 2009
Secretary of State

Entity Name: MARKHAM WOODS PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

5210 MARKHAM WOODS ROAD
LAKE MARY, FL 327464000 US

New Principal Place of Business:

Current Mailing Address:

5210 MARKHAM WOODS ROAD
LAKE MARY, FL 327464000 US

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: MILLER, JAMES MR.
Address: 739 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: POWERS, BETTY
Address: 202 VENTURA DRIVE
City-St-Zip: SANFORD, FL 32773 US

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: JAMES MILLER

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date