


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 038 \*\*\*\*61.25

<b>DOCUMENT # N27196</b> 1. Entity Name <b>PRESBYTERY OF FLORIDA, INC.</b>					
Principal Place of Business <b>1314 JACKSON AVENUE CHIPLEY, FL 32428 US</b>				Mailing Address <b>PO BOX 7 CHIPLEY, FL 32428-0007 US</b>	
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 <b>59-2962797</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DYER, TERRY 336 N 9TH STREET QUINCY, FL 32351</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>Terry Dyer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEADLEY-CAMPBELL, WILLIAM		NAME	BRANT S. COPELAND	
STREET ADDRESS	941 WALTON BRIDGE ROAD		STREET ADDRESS	110 N. ADAMS STREET	
CITY-ST-ZIP	PONCE DE LEON, FL 32455		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMM, GEORGE		NAME	RUSSELL C. OWENS	
STREET ADDRESS	5304 TIVOLI DRIVE		STREET ADDRESS	2406 CAREFREE COVE	
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEADLEY-CAMPBELL, WILLIAM		NAME	RUSSELL C. OWENS	
STREET ADDRESS	941 WALTON BRIDGE ROAD		STREET ADDRESS	2406 CAREFREE COVE	
CITY-ST-ZIP	PONCE DE LEON, FL 32455		CITY-ST-ZIP	TALLAHASSEE, FL 32455	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	DYER, TERRY		NAME		
STREET ADDRESS	336 N 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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.					
<b>SIGNATURE:</b> <u><i>Terry Dyer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #