## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N39311

1. Entity Name
THE PRESBYTERY OF SOUTHWEST FLORIDA
(PRESBYTERIAN CHURCH IN AMERICA), INC.

**FILED** Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

495 S. RANDOLPH RD VENICE, FL 34293 US Mailing Address

614 BEVERLY DR BRANDON, FL 33510



## DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0211055 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARDEN, HENRY R 614 BEVERLY DR BRANDON, FL 33510

## 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 Signature, typed or printed name of requestered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating)	CATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	000000491061 04/19/06-80006-022 61.25
10.	OFFICERS AND DIRECTORS			
TITLE HARRE STREET ADDRESS CITY-ST-ZIP	PD OWENS, JEAN V 13003 WATERFORD RUN DR RIVERVIEW, FL 33569	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLBY, DWIGH 495 RANDOLPH ROAD VENICE, FL 34293			
TITLE NAME STOCET ADDRESS CITY-ST-ZIP	TD DARDEN, HENRY R 614 BEVERLY DR BRANDON, FL 33510		DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplientental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.				

ME OF SIGNING OFFICER OR DIRECTOR