

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

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44930**

1. Entity Name  
**RIVER OAKS PRESBYTERIAN CHURCH, INC.**



Principal Place of Business  
**405 WASHINGTON AVE  
LAKE MARY, FL 32746 US**

Mailing Address  
**405 WASHINGTON AVE  
LAKE MARY, FL 32746 US**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3062688**

Applied For  
Not Applicable

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

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

**HATCHER, STEPHEN B.  
C/O ZIMMERMAN, SHUFFIELD, KISER, ET AL  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801**

**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 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

U00000578993  
01/09/07-80051-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, JOHN 101 QUAIL RUN CT LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DUNCAN, ERIC 5 STONE GATE NORTH LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LEONHARD, JAMES 718 BAYWOOD CIRCLE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PICKENS, TOM 221 PORTSMOUTH CIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Thomas C. Foley **Thomas C. Foley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2007 407 3898929  
Date Daytime Phone #