

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44930

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: RIVER OAKS PRESBYTERIAN CHURCH, INC.

## Current Principal Place of Business:

405 WASHINGTON AVE  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

## Current Mailing Address:

405 WASHINGTON AVE  
LAKE MARY, FL 32746 US

## New Mailing Address:

FEI Number: 59-3062688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 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: MONTGOMERY, JOHN  
Address: 101 QUAIL RUN CT  
City-St-Zip: LAKE MARY, FL

Title: ED ( ) Delete  
Name: DUNCAN, ERIC  
Address: 5 STONE GATE NORTH  
City-St-Zip: LONGWOOD, FL 32779

Title: ED ( ) Delete  
Name: LEONHARD, JAMES  
Address: 718 BAYWOOD CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: ED ( ) Delete  
Name: PICKENS, TOM  
Address: 221 PORTSMOUTH CIVE  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ED (X) Change ( ) Addition  
Name: FOLEY, THOMAS C  
Address: 820 RIVERBEND BLVD  
City-St-Zip: LONGWOOD, FL 32779 23

Title: ED (X) Change ( ) Addition  
Name: OVERBY, BRIAN  
Address: 294 EAGLET WAY  
City-St-Zip: LAKE MARY, FL 32746

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: THOMAS C. FOLEY

ED

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date