


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

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90047 003 \*\*\*\*61.25

**DOCUMENT # N47528**

1. Entity Name  
 MCINTOSH PRESBYTERIAN CHURCH, INC.



Principal Place of Business  
 P.O. BOX 385  
 MCINTOSH, FL 32664

Mailing Address  
 P.O. BOX 385  
 MCINTOSH, FL 32664

2. Principal Place of Business - No P.O. Box #  
 5825 Avenue F  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.


City & State  
 MCINTOSH FL

City & State  
 FL

Zip Country  
 32664 ~~MCINTOSH~~

Zip Country

40001243



01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3426002

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BATES, C. VALENTINE  
 5 SW 2ND PLACE  
 GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CELESTE 20601 TENTH STREET MCINTOSH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, JEAN RT 2 BOX 565 A MICANOPIY, FL 32667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ELLWOOD, LINDA P.O. BOX 664 MCINTOSH, FL 32664	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, ALEIDA 19030 NW 112 CT MICANOPIY, FL 32667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM R 20601 TENTH ST MC INTOSH, FL 32664	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol Lawrence* 1/12/07 352-591-4372