

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47528

FILED
Jan 15, 2009
Secretary of State

Entity Name: MCINTOSH PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

5285 AVE F
MCINTOSH, FL 32664

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 385
MCINTOSH, FL 32664

New Mailing Address:

FEI Number: 59-3426002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, C. VALENTINE
1511 NW 6 STREET
GAINESVILLE, FL 32601 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: SD () Delete
Name: BROWN, CELESTE,
Address: 20601 TENTH STREET
City-St-Zip: MCINTOSH, FL 32664

Title: TD () Delete
Name: LEVINE, ALEIDA
Address: 19030 NW 112 CT
City-St-Zip: MICANOPY, FL 32667

Title: SD (X) Delete
Name: BROWN, WILLIAM R
Address: 20601 TENTH ST
City-St-Zip: MC INTOSH, FL 32664

Title: SD () Delete
Name: BRANTLEY, JAMES
Address: 737 NE 17 TERRACE
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: JONES, CECIL
Address: 1751 SW 38TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GILLIAM, KAREN,
Address: 4551 NW 35TH ROAD
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: SD (X) Change () Addition
Name: BRANTLEY, JAMES
Address: 2992 SE 40TH STREET
City-St-Zip: OCALA, FL 34488

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

Title: SD () Change (X) Addition
Name: PIERPONT, RACHEL
Address: 20898 NW 329 HIGHWAY
City-St-Zip: MICANOPY, FL 32667

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: ALEIDA LEVINE

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date