2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47691

FILED Jun 16, 2009 Secretary of State

Entity Name: SAN MATEO PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

HWY 100

SAN MATEO, FL 32187

Current Mailing Address: New Mailing Address:

P O BOX 57

SAN MATEO, FL 32187

FEI Number: 59-3173638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARISH, LULU GAIL

144 S OAKLAND AVE

SAN MATEO, FL 32187 US

SMITH, LOUISE B

336 EAST END ROAD

SAN MATEO, FL 32187 US

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: LOUISE B. SMITH 06/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 TILTON, BILL
 Name:
 GRIFFIS, WILLIAM J JR.

 Address:
 193 HWY 100
 Address:
 144 SOUTH OAKLAND AVENUE

 City-St-Zip:
 SAN MATEO, FL 32187 US
 City-St-Zip:
 SAN MATEO, FL 32187 US

 Name:
 SMITH, LOUISE B
 Name:
 SMITH, LOUISE B

 Address:
 EAST END ROAD
 Address:
 336 EAST END ROAD

 City-St-Zip:
 SAN MATEO, FL 32187 US
 City-St-Zip:
 SAN MATEO, FL 32187 US

Title: D () Delete Title: () Change () Addition

 Name:
 REGISTER, CHUCK
 Name:

 Address:
 113 CROSBY ROAD
 Address:

 City-St-Zip:
 SAN MATEO,, FL 32187 US
 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: LOUISE B. SMITH MRS. 06/16/2009