## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Jul 19, 2007 8:00 am **Secretary of State**

07-19-2007 90025 011 \*\*\*\*61.25

AN	NUAL REPORT	
DOCUMENT # N503  1. Entity Name WEIRSDALE PRESBYTER		
Principal Place of Business	Mailing Address	- '

40180 P.O. BOX 269 16303 SE 137TH COURT WEIRSDALE, FL 32195-0269 US WEIRSDALE, FL 32195-0269 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1620006 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYER, JR, WILLET 16303 SE 137TH CT. Street Address (P.O. Box Number is Not Acceptable) WEIRSDALE, FL 32195 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. Willet Boyer, Jr. (NQTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition Don Kroes BOYER, WILLET JR NAME P.O. BOX 527 STREET ADDRESS 13365 SE 97th Ter Rd STREET ADDRESS WEIRSDALE, FL 32195 CITY - ST - ZIP CITY-ST-ZIP Summerfield, FL 34491-5786 ☐ Change **X** Addition TITLE ☐ Delete TITLE Charles Woodward OILLE RAY NAME NAME 833 Bolivar St 8465 SE 177TH TREMONT ST STREET ADDRESS STREET ADDRESS Lady Lake, FL 32159-5716 THE VILLAGES, FL 321622897 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE Sandra Hendren SKOFF, KENNETH NAME NAME P. O. Box 644 9301 SE 126TH ST STREET ADDRESS STREET ADDRESS Weirsdale, FL 32195-0644 CITY-ST-7IP CITY-ST-ZIP SUMMERFIELD, FL 34491 Change Addition Delete TITLE TITLE Kobert Lipsner CORDLE, KENNETH NAME NAME 9255 SE 120th Loop STREET ADDRESS 6100 SE 125TH PL STREET ADDRESS CITY-ST-ZIP Summerfield, FL 34491-9482 BELLEVIEW, FL 34420 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE Don Morris NAME MCEUEN, BETTY NAME 5416 SE 109th St STREET ADDRESS P.O. BOX 612 STREET ADDRESS Belleview FL 34420-3217 SUMMERFIELD, FL 34491 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ■ Addition ☐ Delete KNOIZEN, FRANCES NAME NAME STREET ADDRESS P.O. BOX 26 STREET ADDRESS WEIRSDALE, FL 321950026 CITY-ST-ZIP CITY-ST-ZIP

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 11. 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: Willet Boyer, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF