


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90361 049 \*\*\*\*61.25

<b>DOCUMENT # N50348</b> 1. Entity Name <b>WEIRSDALE PRESBYTERIAN CHURCH, INC.</b>					
Principal Place of Business <b>16303 SE 137TH COURT WEIRSDALE, FL 32195-0269 US</b>			Mailing Address <b>P.O. BOX 269 WEIRSDALE, FL 32195-0269 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1620006</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOYER, JR, WILLET 16303 SE 137TH CT. WEIRSDALE, FL 32195</b>				7. Name and Address of New Registered Agent Name <b>William Correll</b> Street Address (P.O. Box Number is Not Acceptable) <b>11950 SE 177 St Rd</b> City <b>Summerfield</b> <b>FL</b> Zip Code <b>34491</b>	
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 <u>William Correll</u> <i>William Correll</i> <u>4/24/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, WILLET JR <input checked="" type="checkbox"/> Delete P.O. BOX 527 WEIRSDALE, FL 32195				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OILLE, RAY <input type="checkbox"/> Delete 8465 SE 177TH TREMONT ST THE VILLAGES, FL 321622897				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDREN, SANDRA <input type="checkbox"/> Delete P.O. BOX 644 WEIRSDALE, FL 32195				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSNER, ROBERT <input type="checkbox"/> Delete 9255 SE 120TH LOOP SUMMERFIELD, FL 34491				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEUEN, BETTY <input type="checkbox"/> Delete P.O. BOX 612 SUMMERFIELD, FL 34491				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOIZEN, FRANCES <input type="checkbox"/> Delete P.O. BOX 26 WEIRSDALE, FL 321950026				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Correll <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11950 SE 177 St Rd Summerfield, FL 34491				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lois Drobac <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17114 SE 117th Circle Summerfield, FL 34491				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Morris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5416 SE 109 St Bellevue, FL 34420				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chester Wingate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12762 SE 92nd Terrace Summerfield, FL 34491				
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: <u>William E Correll</u> <u>4/24/2008</u> <u>352-245-5226</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					