


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90037 046 ****70.00

DOCUMENT # N50667 1. Entity Name THE AMERICAN PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 6348 HYPOUNO RD. LAKE WORTH, FL 33463			Mailing Address 7 N.W. 24TH COURT DELRAY BEACH, FL 33444		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARNER, JOSEPH A. 7 N.W. 24TH COURT DELRAY BEACH, FL 33444				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUSZ, JOEL		NAME	JOSEPH A. WARNER	
STREET ADDRESS	5090 POINTED BILL CT.		STREET ADDRESS	7 NW 24 CT	
CITY-ST-ZIP	VIERA, FL 32940		CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRONKUIE, JONATUAN R		NAME		
STREET ADDRESS	1459 HUFF CT.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELISABETH, WARNER		NAME		
STREET ADDRESS	7 NW 24TH CT		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33444		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROCKER, DAVID		NAME		
STREET ADDRESS	23 BROOKVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETHTOWN, PA 170221445		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNYANTE, NEIL		NAME		
STREET ADDRESS	935 CHATWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	BEAUMONT, TX 77706		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTS, WILLIAM		NAME		
STREET ADDRESS	1001 OVERLOOK RD.		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21239		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 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: <i>Joseph A Warner</i> P 1/13/06 <i>JOSEPH A WARNER</i> 1/13/06 Pres. 81-278-1045					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					