


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90002 007 ****61.25

DOCUMENT # N92000000547					
1. Entity Name WINTERGARDEN PRESBYTERIAN CHURCH (USA) OF MURDOCK, FLORIDA, INC.					
Principal Place of Business 18305 WINTER GARDEN AVE MURDOCK, FL 33948 US			Mailing Address P.O. BOX 380564 PORT CHARLOTTE, FL 33938 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06012005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0236163				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHETTI, DONALD 1098 WILLIAM ST. NORTH PORT, FL 34287			Name JEANNE MURRAY Street Address (P.O. Box Number is Not Acceptable) 181 DANFORTH DR PORT CHARLOTTE, FL City FL Zip Code 33980		
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><i>Jeanne J Murray</i></u> <u><i>Jeanne J Murray</i></u> <u><i>5-04-05</i></u> <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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHETTI, DON 1098 WILLIAM ST. NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEANNE MURRAY 181 DANFORTH DR PORT CHARLOTTE, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWN, HELEN 4157 DIRVER LANE PORT CHARLOTTE, FL 33981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALANT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHETTI, CAROL 1098 WILLIAM STREET NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YVONNE WILLIAMS 6931 WILLOW CREEK CIR. #201 NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, JOHN 181 DANFORTH DR PORT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Jeanne J Murray</i></u> <u><i>Jeanne J Murray</i></u> <u><i>5-4-05</i></u> <u><i>941-380-9371</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					