

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000547

FILED
Mar 29, 2007
Secretary of State

Entity Name: WINTERGARDEN PRESBYTERIAN CHURCH (USA) OF MURDOCK, FLORIDA, INC.

Current Principal Place of Business:

18305 WINTER GARDEN AVE
MURDOCK, FL 33948 US

New Principal Place of Business:

18305 WINTERGARDEN AVE
MURDOCK, FL 33948 US

Current Mailing Address:

P.O. BOX 380564
PORT CHARLOTTE, FL 33938 US

New Mailing Address:

FEI Number: 65-0236163 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURRAY, JEANNE
181 DANFORTH DRIVE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, JEANNE
Address: 181 DANFORTH DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD () Delete
Name: WILLIAMS, YVONNE
Address: 6931 WILLOW CREEK CIRCLE, #201
City-St-Zip: NORTH PORT, FL 34287

Title: TD () Delete
Name: MURRAY, JOHN
Address: 181 DANFORTH DR
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LYONS, MARY
Address: 13462 CHENILLE DR.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TD (X) Change () Addition
Name: STECHSCHULTE, NANCY
Address: 2623 INGLES AVE.
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNE MURRAY

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date