

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000547

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

18305 WINTERGARDEN AVE
MURDOCK, FL 33948 US

New Principal Place of Business:

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:

KEYSER, KENNETH
9324 PRESIDENT CIRCLE
PORT CHARLOTTE, FL 33981 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: KEYSER, KENNETH
Address: 9324 PRESIDENTS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: SD () Delete
Name: KEYSER, JEANNE
Address: 9324 PRESIDENTS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEYSER, KENNETH
Address: 9324 PRESIDENT CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: SD (X) Change () Addition
Name: KEYSER, JEANNE
Address: 9324 PRESIDENT CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TD (X) Change () Addition
Name: BECKER, DOROTHY
Address: 449 ROSE APPLE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify 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 M KEYSER

SD

03/20/2009

Electronic Signature of Signing Officer or Director

Date