

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005611

FILED
Jan 10, 2007
Secretary of State

Entity Name: FAITH PRESBYTERIAN CHURCH ARP, INC.

Current Principal Place of Business:

8777 NORTH HWY 301
WILDWOOD, FL 34785 US

New Principal Place of Business:

3984 CR 214
OXFORD, FL 34484 US

Current Mailing Address:

8777 N HWY 301
WILDWOOD, FL 34785 US

New Mailing Address:

P.O. BOX 98
OXFORD, FL 34484 US

FEI Number: 59-3212401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN RIDER, JEFFREY
6649 CR 151
WILDWOOD, FL 34785 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: VAN RIDER, JEFFREY E
Address: 6649 CR 15
City-St-Zip: WILDWOOD, FL 34785

Title: VPSD () Delete
Name: CAIRNS, ANDREW J
Address: 365 BOB WHITE RD
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: CASON, JAMES H
Address: 5259 CR 44A
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: WILLIAMS, ROBERT E
Address: PO BOX 308
City-St-Zip: OXFORD, FL 34484

Title: T () Delete
Name: WILLIAMS, LOIS
Address: PO BOX 308
City-St-Zip: OXFORD, FL 34484

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAN RIDER, JEFFREY E
Address: 6649 CR 15
City-St-Zip: WILDWOOD, FL 34785

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

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

Title: D (X) Change () Addition
Name: BECKETT, PAUL
Address: 540 ST. ANDREWS BLVD
City-St-Zip: THE VILLAGES, FL 32159

Title: T (X) Change () Addition
Name: ANDERSON, ROBERT
Address: 2904 MANOR DOWNS
City-St-Zip: THE VILLAGES, FL 32162

Title: SEC () Change (X) Addition
Name: HARDEMAN, REBECCA
Address: 5011 SE 108TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

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: JEFFREY VAN RIDER

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date