2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N93000005611

Entity Name: FAITH PRESBYTERIAN CHURCH ARP, INC.

Current Principal Place of Business:

3984 CR 214
OXFORD, FL 34484 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98
OXFORD, FL 34484 US

New Mailing Address:

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:	WILLIAMS, ROBERT	
Address:	2775 CR 200	
City-St-Zip:	OXFORD, FL 34484	
Title:	D	( ) Delete
Name:	BECKETT, PAUL	
Address:	540 ST. ANDREWS BLVD	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	T	( ) Delete
Name:	ANDERSON, ROBERT	
Address:	2904 MANOR DOWNS	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	SEC	( ) Delete
Name:	HARDEMAN, REBECCA	
Address:	5011 SE 108TH PLACE	
City-St-Zip:	BELLEVIEW, FL 34420	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEFFREY VAN RIDER PD 01/11/2009

Electronic Signature of Signing Officer or Director — Date