2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N94000000739

Entity Name: FREEPORT PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

340 MAIN ST
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 287
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-2354624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHISSLER, ABBIE
345 C ATRIUM CIR
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

MAPLES, KATHRYN
112 SPARKLEBERRY LANE
FREEPORT, FL 32439 US

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: KATHRYN MAPLES 03/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: E ( ) Delete
Name: CANADAY, SHIRLEY
Address: 266 PITTS BAYSHORE DR
City-St-Zip: FREEPORT, FL 32439

Title: E ( ) Delete
Name: CRAIG, FAYE
Address: P.O. BOX 338
City-St-Zip: FREEPORT, FL 32439

Title: ET ( ) Delete
Name: SCHISSLER, ABBIE A
Address: 345 L'ATRIUM CR.
City-St-Zip: SANDESTIN, FL 32550

Title: E ( ) Delete
Name: GOMILLION, TONY
Address: P.O. BOX 74
City-St-Zip: FREEPORT, FL 32439

Title: E ( ) Delete
Name: GRAVES, ERIK
Address: 1138 HWY. 20 W.
City-St-Zip: FREEPORT, FL 32439

Title: E ( ) Delete
Name: SCHOFIELD, VICKI
Address: P.O. BOX 261
City-St-Zip: FREEPORT, FL 32439

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: KATHRYN MAPLES TEAS 03/11/2009
Electronic Signature of Signing Officer or Director Date