2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N94000001153

Entity Name: SHALIMAR PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

2 MEIGS DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 374
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-2489277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, JAMES
1910 WEST MISTREAL LANE
FORT WALTON BEACH, FL 32547 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:	CLARK, JAMES	
Address:	1910 W MISTRAL LANE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	TD	( ) Delete
Name:	SHEALY, LINDA	
Address:	32 7TH AVE #118	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	MOORE, KAREN	
Address:	2865 ATOKA TRAIL	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	BRYANT, GLENDA	
Address:	20 MAGNOLIA AVE	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	(X) Delete
Name:	MIXON, MINORA	
Address:	107 COUNTRY CLUB RD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	(X) Delete
Name:	SHEALY, GEORGE	
Address:	32 7TH AVE #118	
City-St-Zip:	SHALIMAR, FL 32579	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	CLARK, JAMES	
Address:	1910 W MISTRAL LANE	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	
Title:	TD	(X) Change ( ) Addition
Name:	SHEALY, LINDA	
Address:	32 7TH AVE #118	
City-St-Zip:	SHALIMAR, FL 32579 US	
Title:	VP	(X) Change ( ) Addition
Name:	SEXTON, LARRY	
Address:	605 MARLOWE DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32547 US	
Title:	D	(X) Change ( ) Addition
Name:	SESSION OF SHALIMAR, PRESBYTERIAN	
Address:	2 MEIGS DRIVE	
City-St-Zip:	SHALIMAR, FL 32579 US	
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: JAMES CLARK PRES 02/08/2009

Electronic Signature of Signing Officer or Director — Date