

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 013 ****61.25

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1. Entity Name

GARDENS PRESBYTERIAN CHURCH, PALM BEACH
GARDENS, INC.



Principal Place of Business

4677 HOOD ROAD
PALM BEACH GARDENS FL 33418

Mailing Address

4677 HOOD ROAD
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0605191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BUSH, JR., ALBERT W DR.
4677 HOOD ROAD
PALM BEACH FL 33418

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME FETZER, JOHN A
STREET ADDRESS 9229 SE WOODS END PLACE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME OWENS, JEAN A
STREET ADDRESS 9133 REED DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☒ Addition
NAME DT
STREET ADDRESS Cobb, Kimberly A.
CITY-ST-ZIP 12257 53rd Court, N.
Jupiter, FL 33478

TITLE DVP ☐ Delete
NAME BALTLES, JEANNE
STREET ADDRESS 2314 23RD LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
NAME BATTLES
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME LADD, JOHN
STREET ADDRESS 655 KINGFISH PLACE
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME BROHAWN, PATRICIA
STREET ADDRESS 11215 MONET WOODS ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 (561) 625-5970

Date

Daytime Phone #