## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State

## DOCUMENT # N95000003329

1. Enity Name

GARDENS PRESBYTERIAN CHURCH, PALM BEACH GARDENS, INC.



Principal Place of Business

Mailing Address

4677 HOOD ROAD

PALM BEACH GARDENS, FL 33418

4677 HOOD ROAD PALM BEACH GARDENS, FL 33418



## DO NOT WRITE IN THIS SPACE

04262007 No Chg-NP

CR2E037 (4/06)

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

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

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	itions of registered agent.		lice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	AURBOUT W. BUSH. J.N. Signature it ded or primed name or registered apent, and ride if applicable.  (#OTE: Registered Agent signature required when reinstance)			4.20.07	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can paign Financing Trust Fund Contribution	, 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	DS				
NAME	FETZER, JOHN A				
STREET ADDRESS	2321 MASTERPIECE WAU				
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410				
IMLE	DT				
NAME	COBB, KIMBERLY A				
STREET ADDRESS	12257 53RD COURT N				HODOONTO
CITY-ST-ZIP	JUPITER, FL 33478				U00000748323 05/17/07-80062-013 61.25
IULT	DVP				30,11,3, 00005 310 31,53
NAME	BATTLES, JEANNE				
STREET ADDRESS	2314 23RD LANE		DO NOT WRITE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		DO NOT WRITE		
TITLE	DP			IN "	THIS SPACE
NAMÉ	LADD, JOHN			114	IIIIS SPACE
STREET ADDRESS	655 KINGFISH PLACE				
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	1			

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BROHAWN, PATRICIA

11215 MONET WOODS ROAD

PALM BEACH GARDENS, FL 33410

TITLE

NAME
STREET ADDRESS
CITY:ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

JOHN W LADD PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-70-07

561 625 5970

Date

Davidre Priorie #