

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 04, 2008 08:00 AM
Secretary of State**

DOCUMENT # N95000003329

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**



07292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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IN THIS SPACE**

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 *Albert W. Bush Jr*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/08

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign 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

TITLE DT
NAME COBB, KIMBERLY A
STREET ADDRESS 12257 53RD COURT N
CITY-ST-ZIP JUPITER, FL 33478

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000957102
08/04/08-80009-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOHN LADD PRESIDENT*

7/27/08 561 6285976