

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003329

FILED
Apr 22, 2009
Secretary of State

Entity Name: GARDENS PRESBYTERIAN CHURCH, PALM BEACH GARDENS, INC.

Current Principal Place of Business:

4677 HOOD ROAD
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4677 HOOD ROAD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0605191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, JR., ALBERT W DR.
4677 HOOD ROAD
PALM BEACH, FL 33418 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: DS () Delete
Name: FETZER, JOHN A
Address: 2321 MASTERPIECE WAU
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT () Delete
Name: COBB, KIMBERLY A
Address: 12257 53RD COURT N
City-St-Zip: JUPITER, FL 33478

Title: DVP () Delete
Name: BATTLES, JEANNE
Address: 2314 23RD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DP () Delete
Name: LADD, JOHN
Address: 655 KINGFISH PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: AT () Delete
Name: BROHAWN, PATRICIA
Address: 11215 MONET WOODS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WADSWORTH, BILL
Address: 440 FLOTILLA ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP (X) Change () Addition
Name: GARCIA, HEIDI
Address: 5702 GOLDEN EAGLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SEC (X) Change () Addition
Name: CHASE, MARJORIE
Address: 3939 BLUEBELL STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TREA (X) Change () Addition
Name: HOENSHEID, LAURINE
Address: 2842 OLD CYPRESS NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: BILL WADSWORTH

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date