


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 049 ****61.25

DOCUMENT # N98000002562 1. Entity Name REDDICK PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 15280 NW 42 TERR REDDICK, FL 32686			Mailing Address P.O. BOX 258 REDDICK, FL 32686		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6591077	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VINCENT, JEANNE 1830 SE 35 LANE OCALA, FL 34471				7. Name and Address of New Registered Agent Name STAHLER, SALLY Street Address (P.O. Box Number is Not Acceptable) 3350 N.E. 127 PLACE City ANTHONY FL Zip Code 32617	
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 <u><i>Sally Stahler</i></u> SALLY STAHLER MAR 30, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D DUNBAR, CINDY <input type="checkbox"/> Delete 2875 EAST HIGHWAY 318 CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAHLER, SALLY <input type="checkbox"/> Delete 3350 N.E. 127 PLACE ANTHONY, FL 32617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCENT, JEANNE <input checked="" type="checkbox"/> Delete 6130 NW 160TH AVENUE REDDICK, FL 32686		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, DOUGLAS <input type="checkbox"/> Delete 3995 NW 159 ST REDDICK, FL 32686		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINCENT, STEVE <input checked="" type="checkbox"/> Delete 1830 SE 35 LANE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Sally Stahler</i></u> SALLY STAHLER MAR 30, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					