


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004177 1. Entity Name NAVARRE PRESBYTERIAN CHURCH, INC.	
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Principal Place of Business 1870 LOWE ROAD NAVARRE, FL 32566	Mailing Address 1870 LOWE ROAD NAVARRE, FL 32566
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3277907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, NAN M
1870 LOWE ROAD
NAVARRE, FL 32566

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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: X Nan M. Adams NAN M. Adams DATE: 1-10-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR WOOD, DONALD 2898 EDGEWOOD DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR HUMBERT, PEGGY 2009 PLANTATION OAKS DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR GLASS, CATHERINE 5735 E BAY BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80021-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X Catherine Glass CATHERINE GLASS DATE: 1-10-05 Daytime Phone #: 850-939-3524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR