2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2008 8:00 am **Secretary of State** DOCUMENT # N98000004177 01-17-2008 90031 031 ****61.25 NAVARRE PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 1870 LOWE ROAD 1870 LOWE ROAD NAVARRE, FL 32566 NAVARRE, FL 32566 01072008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3277907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Susan DiPilla BARRINEAU, JEAN DO NOT WRITE 8415 NEVADA STREET 1707 Windpoint Cove NAVARRE EL 32566 IN THIS SPACE GUIF Breeze, FL 32563 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 (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME WOOD, DONALD STREET ADDRESS 2898 EDGEWOOD DRIVE CITY-ST-ZIP NAVARRE, FL 32566 NAME PIANK, LARRY STREET ADDRESS 7450 EAST BAY BLVD CITY-ST-ZIP NAVARRE, FL 32566 TITLE GLASS, CATHERINE MALE STREET ADDRESS 5735 E BAY BLVD DO NOT WRITE CITY-ST-ZIP GULF BREEZE, FL 32563 HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP Tillie NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED