

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002934

**Entity Name:** GRETNA PRESBYTERIAN CHURCH, INC.**Current Principal Place of Business:**623 CHURCH STREET  
GRETNA, FL 32332**Current Mailing Address:**P. O. BOX 119  
GRETNA, FL 32332 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, GALE  
209 DUPONT AVE  
QUINCY, FL 32351 US*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:** GALE THOMPSON

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ELDER  
Name THOMPSON, GALE  
Address 209 DUPONT AVENUE  
City-State-Zip: QUINCY FL 32351

Title ELDER  
Name CLARK, BRENDA  
Address 9650 OLD FEDERAL ROAD  
City-State-Zip: QUINCY FL 32351

Title ELDER  
Name CLARK, MICHAEL  
Address 9650 OLD FEDERAL ROAD  
City-State-Zip: QUINCY FL 32351

Title ELDER  
Name MAXWELL, WALTER  
Address P. O. BOX 66  
City-State-Zip: GRETNA FL 32332

Title ELDER  
Name MAXWELL, JANICE  
Address P. O. BOX 66  
City-State-Zip: GRETNA FL 32332

Title ELDER  
Name THOMPSON, EDWARD ALEXANDER  
Address 209 DUPONT AVE  
City-State-Zip: QUINCY FL 32351

Title ELDER  
Name JOHNSON, WALTER A  
Address 1839 BASSETT ROAD  
City-State-Zip: QUINCY FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** GALE THOMPSONELDER/OFFICE  
ADMINISTRATOR

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date