

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 27, 2005  
Secretary of State**

DOCUMENT# N17656

Entity Name: PALM CITY PRESBYTERIAN CHURCH (U.S.A.), INC.

**Current Principal Place of Business:**

2700 MARTIN HIGWAY  
P O BOX 517  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2700 MARTIN HIGWAY  
P O BOX 517  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 59-2795860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TATJE, ENID  
2700 MARTIN HIGWAY  
PALM CITY, FL 34990      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: PT      ( ) Delete  
Name: OVERTON, JERRY  
Address: 5080 SW 69TH ST.  
City-St-Zip: PALM CITY, FL 34990

Title: T      ( ) Delete  
Name: SCHULZ, EUGENE J  
Address: 13328 MAPLEWOOD RD  
City-St-Zip: PALM CITY, FL 34990

Title: VPT      ( ) Delete  
Name: WILLIAMS, PETE  
Address: 5047 SW ANHINGA AVE  
City-St-Zip: PALM CITY, FL 34990

Title: S      ( ) Delete  
Name: FORESTIER, POLLY  
Address: 1565 SW BALMORAL TERRANCE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: POLLY FORESTIER

S

07/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date