

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712497 (7)

1. Corporation Name
NORTHEAST PRESBYTERIAN CHURCH, INC.



Principal Place of Business: 4400 SHORE ACRES BOULEVARD NORTHEAST ST PETERSBURG FL 33703
Mailing Address: 4400 SHORE ACRES BOULEVARD NORTHEAST ST PETERSBURG FL 33703

3. Date Incorporated or Qualified: 03/28/1967
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1196196
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

FISHER, STEVEN
4640 SHORT LEAF LN NE
ST.PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: Meece, John E.
82 Street Address (P.O. Box Number is Not Acceptable): 1348 51st. Ave. NE
83
84 City: St. Petersburg FL 85 Zip Code: 33703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John E. Meece *John E. Meece* 4/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEECE, JOHN E	
STREET ADDRESS	1348 51ST AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, STEVEN	
STREET ADDRESS	4640 SHORT LEAF LN NE	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLEMING, VIRGINIA	
STREET ADDRESS	736-87TH AVENUE, N.	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Wells, Harold E.	
23 STREET ADDRESS	1233 Snell Isle Blvd. NE	
24 CITY-ST-ZIP	St. Petersburg, Fl. 33704	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Boggs, Scott	
33 STREET ADDRESS	1422 - 85th Ave. N	
34 CITY-ST-ZIP	St. Petersburg, Fl. 33702	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Meece *John E. Meece* 4/18/96 813-526-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)