

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712825 (9)
1. Corporation Name
BAYSHORE PRESBYTERIAN CHURCH (U.S.A.), INC.



Principal Place of Business 2515 BAYSHORE BLVD TAMPA FL 33629	Mailing Address 2515 BAYSHORE BLVD TAMPA FL 33629
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3. Date Incorporated or Qualified
05/29/1967

4. FEI Number 59-1631648	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PIEPER, NATHANIEL G.W.
804 BAYSIDE DR.
TAMPA FL 33609**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, VIRGINIA 585 LUZON AVE TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULNES, JOSETTE 2515 BAYSHORE BLVD. TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSMA, DAVID 3110 LAKE ELLEN DR TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEPER, NATHANIEL 2515 BAYSHORE BLVD. TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, CAROL 565 W. DAVIS BLVD. TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JODI 2515 BAYSHORE BLVD. TAMPA FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NATHANIEL G.W. PIEPER **1/11/98 813 229 2121**

CR2E037 (10/97)