

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:33

DOCUMENT # 715032 (9)

1. Corporation Name

TAMPA PRESBYTERIAN VILLAGE, INC.

Principal Place of Business

Mailing Address

721 GREEN ST
TAMPA FL 33607
US

1051 2ND AVENUE NORTH
ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1968

3a. Date of Last Report
01/28/1994

4. FEI Number

59-1537268

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHRENHOLZ, THOMAS
1051 2ND AVENUE NORTH
ST PETERSBURG FL 33705

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS
NAME	NEWMAN, PATRICIA
STREET ADDRESS	2517 7TH ST N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	EWALT, FLOYD
STREET ADDRESS	1528 SPRINGWOOD DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	P
NAME	MARSHALL, ROY W
STREET ADDRESS	4904 SAN NICHOLAS ST
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CLARK, HAROLD
STREET ADDRESS	7081 CEDARHURST DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	VP
NAME	ALBERTS, HENK
STREET ADDRESS	10911 CARROLLWOOD DR
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	ROLLESTONE, JIM
STREET ADDRESS	5315 BOW LINE BEND
CITY-ST-ZIP	NEW PORT RICHEY FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/D ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P ☒ Change ☐ Addition
3.2 NAME	Elizabeth A. Zable
3.3 STREET ADDRESS	5620 Halfmoon Lk. Rd.
3.4 CITY-ST-ZIP	Tampa, FL 33625
4.1 TITLE	S/D ☒ Change ☐ Addition
4.2 NAME	Laura Miller
4.3 STREET ADDRESS	390 Washington Ct.
4.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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:

Patricia D. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-95

893-7124

Date

Telephone (Area #)

Patricia D. Newman