

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90080 036 \*\*\*\*61.25

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**DOCUMENT # 715032**

1. Corporation Name

**TAMPA PRESBYTERIAN VILLAGE, INC.**

Principal Place of Business

721 GREEN ST  
TAMPA FL 33607  
US

Mailing Address

1051 2ND AVENUE NORTH  
ST PETERSBURG FL 33705



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/17/1968

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

9. Name and Address of Current Registered Agent

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

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

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 ASD ☐ DELETE

NAME DAVIES, IDRIS  
STREET ADDRESS 2084 MASSACHUSETTS AVE NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☒ DELETE

NAME EWALT, FLOYD  
STREET ADDRESS 1528 SPRINGWOOD DR.  
CITY-ST-ZIP SARASOTA FL

TITLE P ☐ DELETE

NAME ZABLE, ELIZABETH A.  
STREET ADDRESS 5620 HALFMOON LK. RD.  
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME MILLER, LAURA  
STREET ADDRESS 390 WASHINGTON CT.  
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE VP ☐ DELETE

NAME ALBERTS, HENK  
STREET ADDRESS 10911 CARROLLWOOD DR  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE

NAME ROLLESTONE, JIM  
STREET ADDRESS 5315 BOW LINE BEND  
CITY-ST-ZIP NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD  
Montwid, Ron  
2414 Coventry Ave.  
Lakeland, FL 33803

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

727-894-0368

Date

Daytime Phone #

CR2E037 (1/98)