

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.  
AMOUNT DUE ON OR BEFORE 8/2/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 738103 (1)**

1. Corporation Name  
**FOREST HILLS PRESBYTERIAN CHURCH**

Principal Place of Business Mailing Address  
709 W. LINEBAUGH AVE. 709 W. LINEBAUGH AVE.  
TAMPA FL 33612-7853 TAMPA FL 33612-7853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/15/1977** 3a. Date of Last Report **03/28/1994**  
4. FEI Number **59-0919399** 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  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**LANE, J. ROBERT  
708 REGENCY COURT  
TAMPA FL 33613**

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	VPD
NAME	FRANCE, F. L DR.
STREET ADDRESS	11704 LISPEY RD
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	MINICH, KEITH
STREET ADDRESS	10432 ORANGE GROVE DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	BRYANT, GAYLE
STREET ADDRESS	5101 CRESTMORE CT
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	MILEY, RICHARD A
STREET ADDRESS	7806 DELEON CT
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Metcalf, James
2.4 CITY - ST - ZIP	10905 Elbow Drive Tampa, FL 33612
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Kasan, Marilyn
3.4 CITY - ST - ZIP	10302 Cliff Circle Tampa, FL 33612
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Nelson, Edwin M.
4.4 CITY - ST - ZIP	11746 Lipsey Road Tampa, FL 33618
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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: Edwin M. Nelson *Edwin M. Nelson* 7/25/95 (813) 963-3054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)

CR2E037 (3/95)