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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738103 (1)

1. Corporation Name  
FOREST HILLS PRESBYTERIAN CHURCH



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

3. Date Incorporated or Qualified: 02/15/1977  
3a. Date of Last Report: 03/04/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

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 617.1506, 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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCE, F. L. DR.	
STREET ADDRESS	11704 LISPEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	METCALF, JAMES	
STREET ADDRESS	10905 ELBOW DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KASAN, MARILYN	
STREET ADDRESS	10302 CLIFF CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NELSON, EDWIN M	
STREET ADDRESS	11746 LIPSEY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Belaq Almay	
13 STREET ADDRESS	16903 Tampa St	
14 CITY-ST-ZIP	Lutz, FL 33549	
21 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Marc Gordon	
23 STREET ADDRESS	407 Warren Road	
24 CITY-ST-ZIP	Lutz, Florida 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Edwin M. Nelson	
43 STREET ADDRESS	11746 Lipsey Rd	
44 CITY-ST-ZIP	Tampa, FL 33618	
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 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. I changed, or on an attachment with an address

SIGNATURE: *[Signature]* 3/5/97 932-6149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Digitize Phone # 0048036

CR2E037 (9/96)