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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738103

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0919399
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 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 **Edward F. Thomas**
 82 Street Address (P.O. Box Number is Not Acceptable)
512 Royal Green
 83
 84 City **Temple Terrace FL** 85 Zip Code **33617**

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 *Edward F. Thomas* **EDWARD F THOMAS** DATE **2/11/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALDAY, BELDG	
STREET ADDRESS	16203 TAMPA ST	
CITY-ST-ZIP	LUTZ FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, MARC	
STREET ADDRESS	407 WARREN ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, EDWIN	
STREET ADDRESS	11746 LIPSEY RD	
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	VP	<input type="checkbox"/> DELETE
NAME	RAULERSON, JOHN E.	
STREET ADDRESS	3129 W PARIS ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Emily Briggs	
1.3 STREET ADDRESS	27630 Fisher Lane	
1.4 CITY-ST-ZIP	Dade City, Florida 33525	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Heywood Turner III	
2.3 STREET ADDRESS	19611 Lake Osceola Lane	
2.4 CITY-ST-ZIP	Odessa, Florida 33556	
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, with all other like empowered.

SIGNATURE: *John E. Raulerson* **REQUIRED** DATE: **3/28/99** DAYTIME PHONE #: **(813) 926-2026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (11/98)