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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750458

(2)

HOBE SOUND COMMUNITY PRESBYTERIAN CHURCH, INCORPORATED

Principal Place of Business Mailing Address 11933 S.E. JUNO CRESCENT 11933 S.E. JUNO CRESCENT P.O.BOX 305 P.O.BOX 305 HOBE SOUND FL 33455 HOBE SOUND FL 33455-5451 3. Date incorporated or Qualified 3a. Date of Last Report 12/31/1979 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0966133 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zic Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAYLOR, ROGER 82 Street Address (P.O. Box Number is Not Acceptable) 6236 SE CHARLESTON PLACE 83 SUITE 104 HOBE SOUND FL 33455 84 City 65 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PD THILE DELETE 1.1 TITLE Change Addition NAME SHRADAR, DAVE 1.2 NAME 6946 SE AMENDMENT ST STREET ADDRESS 1.3 STREET ADDRESS HOBE SOUND FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition BERCIK, BOB Walker, James NAME 2.2 NAME 11719 Plandome Dr. 8921 SW MARINA BAY DRIVE STREET ADDRESS 2.3 STREET ADDRESS Hobe Sound, FL. 33455 **HOBE SOUND FL 33455** CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE TITLE SD 3.1 TITLE ☐ Change Addition NAME DRUCE, HELEN 3.2 NAME 100 INTRACOASTAL PLACE #406 STREET ADDRESS 3.3 STREET ADDRESS **TEQUESTA FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition SAYLOR, ROGER NAME 4.2 NAME 6236 SE CHARLESTON PLACE #104 STREET ADDRESS 4.3 STREET ADDRESS HOBE SOUND FL 33455 CITY - \$1 - ZIF 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-\$1-7IP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

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 13 if Say 1 or on an attachment with an address.

63 STREET ADDRESS

64 CITY-ST-ZIP

62 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

TURE AND TYPED OF PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/97 (561)-546-5043

FILED

Feb 26 1997 8:00am

Secretary of State