NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 750458

HOBE SOUND COMMUNITY PRESBYTERIAN CHURCH, INCORP ORATED

Principal Place of Business
11933 S.E. JUNO CRESCENT
P.O.BOX 305
HODE COUNT OF 224EE

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

11933 S.E. JUNO CRESCENT

P.O.BOX 305

26

27

HOBE SOUND FL 33455

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90175 017 ****61.25

13/322 - 201/3 ..

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3. Date Incorporated or Qualifed

12/31/1979

59-0966133

4. FEI Number

City & State		City & State			5.	Certifcate of Status Desired		\$8.75 A				
!3	Country	Zip	Coun	irv		Election Campaign Financing		\$5.00				
Zip	25	29	30	.,,	"	Trust Fund Contribution		Added to				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
5. Name and Address of Current Registered Agent				1 Name		nes Walker						
			L			5 b W W W W W		 				
JAMES WALKER			1	32 Street	Address (P 3 S.F. I	O. Box Number is Not Accept Palm Hammock L	ane)					
11719 PLANDOME DR			1	33								
HOBE SOUND FL 33455												
			1	LCity	e Soui	nd	FL	85 Zip C 334	ode			
44	Alama of Continue 617 0502	and 617 1509 Florida Statut	ec the ab	wo pamed	comoration	submits this statement for the	e purpose of	changing its r	egistered			
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 familifar with, and accept the obligations of Section 617.0503, Florida Statutes.												
SIGNATURE	James & 400	19	Decision A.A.		required when re	einstation)	2 [9 • [7 9] DATE	_	· [
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	gent signature i	Padallea Mileal II	ADDITIONS/CHANGES TO OF	FFICERS AN	D DIRECTOR	RS IN 12			
TITLE /	PD OFFICERS AND	DELETE	1.1 TITL	E	PD			X Change	Addition			
	SHRADAR, DAVE		1.2 NAM		Ste	tson, Harold			1			
NAME	6946 SE AMENDMENT ST			EET ADDRESS		2 SE Royal Sti	reet					
STREET ADDRESS	HOBE SOUND FL			-ST-ZIP		e Sound, FL. 3						
CITY-ST-ZIP	VP	☐ DELETE	2.1 TITL					Change	☐ Addition			
	GEORGE HOLZWORTH		22 NAM	_					ļ			
NAME	12802 SE ROYAL TROON CT			EET ADDRESS			`	eta _{ar} :				
STREET ADDRESS	HOBE SOUND FL 33455			Y-ST-ZIP					ļ			
CITY-ST-ZIP		☐ DELETE	3.1 TITL		· · · · · · · · · · · · · · · · · · ·	·	· - ···	Change	Addition			
TITLE	SD DRUGG HELEN		3.2 NAN									
NAME	AND INTERPOLACE ALONG			EET ADDRESS					1			
STREET ADDRESS	100 INTRACOASTAL PLACE #40	0				•						
CITY-ST-ZIP	TEQUESTA FL	☐ DELETE	4.1 TITL	Y-ST-ZIP	 T 			Change	Addition			
TITLE	I LANGEO MAN MED		4.1 HIL		James	s Walker						
NAME	JAMES WALKER			EET ADDRESS	0.522	SE Palm Hammo	nck La	ne				
STREET ADDRESS	11719 PLANDOME DR					Sound, FL. 33			1			
CITY-ST-ZIP	HOBE SOUND FL 33455	☐ DELETE	5.1 TITL	r-ST-ZIP		Secy	3 100	Change	X X Addition			
TITLE		CT OFFETE	5.1 THE			thea Wiley			^*			
NAME				EET ADDRESS	6275	SE Charlestor	Plac	e				
STREET ADDRESS				-ST-ZIP	1	Sound, FL. 33		~	,			
CITY-ST-ZIP		☐ DELETE	6.1 TITL		Asst	. Ireas.	7-700	Change	X X Addition			
TITLE			6.2 NAN			. Lipford	•					
NAME						Karin Street			Į			
STREET ADDRESS					1	Sound, FL. 33	3455]			
CITY-ST-ZIP	ertify that the information synolled with	thin filling done not qualify fo		-ST-ZIP				tify that the in	formation			

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 1.19.07(5)(f), Florida Statutes. If urtrier certify that the information indicated on this annual report for suppliemental 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.

Applied For

\$8.75 Additional

Not Applicable