

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752197 (4)  
1. Corporation Name  
**TAMPA BAY PRESBYTERIAN CHURCH OF TAMPA, INC.**



Principal Place of Business: 19911 BRUCE B. DOWNS BLVD. TAMPA FL 33647  
Mailing Address: 19911 BRUCE B. DOWNS BLVD. TAMPA FL 33647

3. Date Incorporated or Qualified: 04/25/1980  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2001613  
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

9. Name and Address of Current Registered Agent: OWENS, JEAN, 13003 WATERFORD RUN DRIVE, RIVERVIEW FL 33569  
10. Name and Address of New Registered Agent: (81) Name, (82) Street Address, (83) City, (84) City, (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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NESS, JEFF	1.2 NAME	
STREET ADDRESS	15910 IRONWARE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	<del>HUTCHINSON, SCOTT</del>	2.2 NAME	POTHOVEN, DON
STREET ADDRESS	<del>18510 AMBLY LANE</del>	2.3 STREET ADDRESS	1126 TIMBERTRACE DR.
CITY-ST-ZIP	<del>TAMPA FL</del>	2.4 CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	VT	3.1 TITLE	
NAME	PORTER, THOMAS A.	3.2 NAME	
STREET ADDRESS	9012 HOGAN'S BEND	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	<del>POTHOVEN, KEN</del>	4.2 NAME	COMBEE, JIM
STREET ADDRESS	<del>1488 WATERFORD DRIVE</del>	4.3 STREET ADDRESS	7130 LAUDER PLACE
CITY-ST-ZIP	<del>LUTZ FL</del>	4.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: Thomas A. Porter 4/29/96 (813) 973-2484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS A. PORTER Date Daytime Phone #

CR2E037 (12/95)