FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

STREET ADDRESS

SIGNATURE:

CITY-S1-ZIP

(4)

TAMPA BAY PRESBYTERIAN CHURCH OF TAMPA, INC.

Principal Place of Business Mailing Address 19911 BRUCE B. DOWINS BLVD. 19911 BRUCE B. DOWINS BLVD. TAMPA FL 33647 TAMPA FL 33647-2474 3. Date Incorporated or Qualified 04/25/1980 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2001613 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 246 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name OWENS, JEAN Street Address (P.O. Box Number is Not Acceptable) 82 13003 WATERFORD RUN DRIVE 83 RIVERVIEW FL 33569 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) ☐ Change DELETE Addition TITLE 1.1 TiTLE NESS, JEFF NAME 1.2 NAME 15910 IRONWARE PLACE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ Addition DELETE Change 2.1 TITLE PD TITLE POTHOVEN, DON 2.2 NAME NAME 1126 TIMBERTRACE DR STREET ADDRESS 2.3 STREET ADDRESS WESLEY CHAPEL FL 2.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE PORTER, THOMAS A. 3.2 NAME NAME 9012 HOGAN'S BEND 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe SD 4.1 TITLE TITLE COMBEE, JIM 4. 2 NAME NAME 7130 LAUDER PLACE 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE LEHMAN, GREG 4616 EAST Bloomingdale Ave NAME LEHMAN, GREG. 4616 Bast Bloomingdale Ave. 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 DUTY - ST- ZIP VALEICO, FL 335'94 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE Hillery, Richard Llery, Richard 6.2 NAME NAME

6.3 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

04 BRUST AVE

AS A. PORTER VT

FL 33612

FILED May 16 1997 8:00am Secretary of State

