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May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
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  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: OWENS, JEAN, 13003 WATERFORD RUN DRIVE, RIVERVIEW FL 33589

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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	NAME: POTHOVEN, DON	1.1 TITLE: PD	1.2 NAME: POWELL, CLIFF
STREET ADDRESS: 1126 TIMBERTRACE DR	CITY-ST-ZIP: WESLEY CHAPEL FL	1.3 STREET ADDRESS: 938 RIVERHILLS DRIVE	1.4 CITY-ST-ZIP: TEMPLE TERRACE, FL 33617
TITLE: VT	NAME: PORTER, THOMAS A.	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 9012 HOGAN'S BEND	CITY-ST-ZIP: TAMPA FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: SD	NAME: LEHMAN, GREG	3.1 TITLE: SD	3.2 NAME: POTHOVEN, KENNETH
STREET ADDRESS: 4816 E BLOOMINGDALE AVE	CITY-ST-ZIP: VALRICO FL	3.3 STREET ADDRESS: 1403 WATERWOOD DRIVE	3.4 CITY-ST-ZIP: LUTZ, FL 33549
TITLE: D	NAME: MILLERY, RICHARD	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 1904 BRUST AVE	CITY-ST-ZIP: TAMPA FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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.

SIGNATURE: Thomas A. Porter, APR 30 1998 (913) 972-7491

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