

**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 # 771118 (7)**  
1. Corporation Name  
**THE FOUNDATION FOR THE CHURCH OF THE PALMS - PRE SBYTERIAN (U.S.A.), INC.**



Principal Place of Business Mailing Address  
~~JOHNSON & SAVARY~~ ~~1671 S. DR.~~ ~~SARASOTA FL 34239~~  
~~JOHNSON S SAVARY~~ ~~1671 S DR~~ ~~SARASOTA FL 34239~~

3. Date Incorporated or Qualified **11/07/1983** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **3224 Bee Ridge Road** 25 **3224 Bee Ridge Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2434393** Applied For Not Applicable

22 City & State 27 City & State  
23 **Sarasota, FL** 28 **Sarasota, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **34239** 25 Country **USA** 29 Zip **34239** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SAVARY, JOHNSON S.  
240 SO PINEAPPLE AVE  
SARASOTA FL 34236**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP D</b>	<input type="checkbox"/> DELETE
NAME	<b>DART, JOHN</b>	
STREET ADDRESS	<b>1549 RINGLING BLVD., #600</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SP PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, BRIAN Y</b>	
STREET ADDRESS	<b>1950 LANDINGS BLVD</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEETZOW, LEONARD E</b>	
STREET ADDRESS	<b>7007 CLARK RD</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, FRED</b>	
STREET ADDRESS	<b>3310 BOUGAINVILLEA ST.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEENAN, JEAN</b>	
STREET ADDRESS	<b>5860 MIDNIGHT PASS RD.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVARY, JOHNSON S</b>	
STREET ADDRESS	<b>1671 SOUTH DRIVE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Scott Merritt</b>	
13 STREET ADDRESS	<b>4711 Meadowview Circle</b>	
14 CITY - ST - ZIP	<b>Sarasota, FL 34233</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Robert Geyer</b>	
23 STREET ADDRESS	<b>1526 Harbour Drive</b>	
24 CITY - ST - ZIP	<b>Sarasota, FL 34239</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:** *John D. Dart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96** **941-365-0140**  
Date Daytime Phone #

CR2E037 (12/95)