CO	FILE NOW: FILI IONPROFIT PROPARTION IUAL REPORT 1996	FILING FEE IS \$61.25  FLORIDA DEPARTMENT OF STATE  Sandra B. Moylam  Secretary Mistate  DIVISION OF CORPORATIONS		=		
DOCL 1. Corporati	JMENT # N1135	1 (6)				
COM	Munity Presbyterian Chi Rated	URCH OF TAMPA BA	Y, INCO	11010101	OOF HOOD GROOM HIND AFFOLD	
Principal Plac	Principal Place of Business Mailing Address					
3730 TAMP PALM HAR	A RD. BOR FL 34684	3730 TAMPA RD. PALM HARBOR FL 340				
				3. Date Incorpo 09/27/	rated or Qualified	3a. Date of Last Report 02/14/1995
Principal Place of Business		2a. Mailing Address 26	¬		33091	Applied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			Status Desired	Not Applicable \$8.75 Additional
City & Sta	te	City & State		6. Election Cam		Fee Required
Zip 24	Country	Zip	Country	Trust Fund Co	ontribution	Added to Fees angible tax under s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statute		Yes □ No
11. Pursuant or registe familiar wi	AMPA RD.  IARBOR FL 34684  to the provisions of Sections 617.0502 a red agent, or both, in the State of Floridaith, and accept the obligations of Sections (Septions). Signature, byted optimized named agent as	78 <i>67 1 1</i> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	84 City s, the above named of by the corporation.  E. Fleystered Agent sgriature.	Palm Harb corporation submits this stat s board of directors. I hereb	or is Not Acceptable)  Or  tement for the purpos y accept the appoint	FL 85 Zip Code 4 se of changing its registered office ment as registered agent. I am
12. TITLE	SD OFFICERS AND	DIRECTORS    DELETE	13.		IANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	GILLESPIE, DON 202 ARBOR GLEN DRIVE PALM HARBOR FL	Doccin	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	BOND,	DANIEL E CT.	☐ Change 🙀 Addition
THTLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	CLEARWATE	R, FL 34	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ALVIRA, BEN 722 OLD VILLAGE WAY OLDSMAR FL		2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	HAYMAN, DO 3863 WILDW PALM HARB	uglas cod ct. or fl 340	
NAME STREET ADDRESS CITY-ST-ZIP	PD ENZO, LEO 875 PINEWOOD TER W PALM HARBOR FL	DELETE "	3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS	T Syenson, Gr 2340 Ella / Clearwater	•	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPPOLA, GREGORY 270 PROMANADE DRIVE #202 DUNEDIN FL	DELETE	3.4. CITY-SI-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS	LENKWATE R	<u>, rl 3462</u>	Change Addition
TITLE NAME STREET ADDRESS	D Perkins, John 5524 Salem SQ Dr N	<b>▼</b> DELETE	4.4 Criy-St-ZiP 5 1 Title 5.2 NAME 5 3 STREET ADDRESS	1 0 01 -04/25 ***61.	<b>DO 1 E O C</b> 9/9601135 25	2 2 1 ngs Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PALM HARBOR FL	DELĒTE	5.4 City-St-Zip 6.1 Title 6.2 Name 6.3 Street address 6.4 City-St-Zip			Change Addition
14. I do hereby certify that i oath; that i appears in i	certify that the information supplied with the information indicated on this annual ram an officer or director of the corporation Block 12 or Block 15 if changed, or on a URE:	on or the receiver or trustee e an attachment with an address	ed and does not qua report is true and ac mpowered to execute s.	this report as required by	e shaii nave the same Chapter 617, Florida	(k), Florida Statutes I further begal effect as if made under Statutes; and that my name