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04-19-1999 90095 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11351**

1. Corporation Name

COMMUNITY PRESBYTERIAN CHURCH OF TAMPA BAY, INCO RPORATED

3 352416 - 90095 - 42

| Principal Place of Business | Mailing Address |
|---|---|
| 3730 TAMPA RD.<br>PALM HARBOR FL 34684 | 3730 TAMPA RD.<br>PALM HARBOR FL 34684 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 135 5th Ave. So.<br>22 Suite, Apt. #, etc.<br>23 City & State: Safety Harbor, FL<br>24 Zip: 34695 25 Country | 2a. Mailing Address<br>26 135 5th Ave. So.<br>27 Suite, Apt. #, etc.<br>28 City & State: Safety Harbor, FL<br>29 Zip: 34695 30 Country | 3. Date Incorporated or Qualifed: 09/27/1985<br>4. FEI Number: 59-2593091 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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

SVENSON, GREGORY
3730 TAMPA RD.
PALM HARBOR FL 34684

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 135 5th Ave. So.
83
84 City: Safety Harbor FL 85 Zip Code: 34695

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: Gregory Svenson
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEHMAN, RICHARD<br>1360 TERRACE RD<br>CLEARWATER FL 34615 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALEXANDER, DONALD<br>2741 SOUTH DRIVE #C<br>CLEARWATER FL 34619 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOND, DANIEL<br>3270 BUCKEYE CT.<br>CLEARWATER FL 34621 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HAYMAN, DOUGLAS<br>3863 WILDWOOD CT.<br>PALM HABOR FL 34684 ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SVENSON, GREGORY<br>2340 ELLA PLACE<br>CLEARWATER FL 33765 ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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, with all other like empowered.

**SIGNATURE:** Gregory Svenson SIGNATURE REQUIRED 4/11/99 (727)539-3127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(1.1/98)