


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90147 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22970**

1. Corporation Name  
**CHRIST PRESBYTERIAN CHURCH (U.S.A.), INC.**

Principal Place of Business 3115 DRYER AVENUE LARGO FL 33770-4269 US	Mailing Address 3115 DRYER AVENUE LARGO FL 33770-4269 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/12/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1036948
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25 Pinellas	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>HODGES, LEE R 14422 KANDI CT LARGO FL 33774</b>		10. Name and Address of New Registered Agent	
81 Name	<b>William D. Chisholm</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1364 Hercules Avenue S</b>		
83			
84 City	<b>Clearwater</b>	85 Zip Code	<b>FL 33764</b>

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 William D. Chisholm DATE April 26, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, SANDRA P</b>	1.2 NAME	
STREET ADDRESS	<b>12691 116TH N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33778</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHISHOLM, WILLIAM D.</b>	2.2 NAME	
STREET ADDRESS	<b>1364 HERCULES AVENUE SOUTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33754</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, RAY S</b>	3.2 NAME	
STREET ADDRESS	<b>13418 BELLEWOOD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>JOHN MARSDEN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>8912 95TH STREET N</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>LARGO FL 33770</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>ALFRED D GRES</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>20064 GULF BLVD</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: William D. Chisholm (727)584-8695  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)