FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
'95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710588 (5)

1. Corporation Name
PRESBYTERIAN TOWERS, INC.

Principal Place of Business	Mailing Address
430 BAY ST NE ST PETERSBURG FL 33701 US	1051 2ND AVENUE NORTH ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1966
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1197322 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AHRENHOLZ, THOM
1051 2ND AVENUE, NORTH
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V/P	☒ Change ☐ Addition
NAME	EWALT, REV FLOYD	1.2 NAME		
STREET ADDRESS	1528 SPRINGWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	DAS	2.1 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, PATRICIA	2.2 NAME		
STREET ADDRESS	2517 7TH ST N	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	CLARK, HAROLD	3.2 NAME	Laura Miller	
STREET ADDRESS	7081 CEDARHURST DR.	3.3 STREET ADDRESS	390 Washington Ct.	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	ALBERTS, HENK (2ND VP)	4.2 NAME		
STREET ADDRESS	10911 CARROLLWOOD DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	ROLLESTONE, JIM	5.2 NAME		
STREET ADDRESS	5315 BOW LINE BEND	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MARSHALL, ROY REV	6.2 NAME	Elizabeth A. Zable	
STREET ADDRESS	4004 SAN NICHOLAS ST	6.3 STREET ADDRESS	5620 Halfmoon Lk. Rd.	
CITY-ST-ZIP	TAMPA, FL 00000	6.4 CITY-ST-ZIP	Tampa, FL 33625	

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: Patricia D. Newman 1-26-95 893-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia D. Newman

0014810