

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 # **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**

3. Date Incorporated or Qualified
03/24/1966

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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**

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

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

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

Thomas Ahrenholz, Dir. of Operations

Thomas Ahrenholz

1/31/96

Signature, typed or printed name of registered agent, and date of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **EWALT, REV FLOYD**
CITY-STATE-ZIP **1528 SPRINGWOOD DR**
SARASOTA, FL 00000

TITLE ☐ DELETE
NAME **DAS**
STREET ADDRESS **NEWMAN, PATRICIA**
CITY-STATE-ZIP **2517 7TH ST N**
ST. PETERSBURG FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MILLER, LAURA**
CITY-STATE-ZIP **390 WASHINGTON CT**
FT. MYERS FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **ALBERTS, HENK (2ND VP)**
CITY-STATE-ZIP **10911 CARROLLWOOD DR.**
TAMPA FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ROLLESTONE, JIM**
CITY-STATE-ZIP **5315 BOW LINE BEND**
NEW PT RICHEY FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ZABLE, ELIZABETH A**
CITY-STATE-ZIP **5620 HALFMOON LK RD**
TAMPA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A Zable

1/26/96

DATE

813-894-0368

DAYTIME PHONE #

CR2E037 (12/95)