

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 # 712825 (9)

1. Corporation Name

BAYSHORE PRESBYTERIAN CHURCH (U.S.A.), INC.



Principal Place of Business

Mailing Address

2515 BAYSHORE BLVD
TAMPA FL 33629

2515 BAYSHORE BLVD
TAMPA FL 33629

3. Date Incorporated or Qualified

05/29/1967

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1631648

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

PIEPER, NATHANIEL G.W.
804 BAYSIDE DR.
TAMPA FL 33609

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

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 PD ☐ DELETE
NAME ELLIS, VIRGINIA
STREET ADDRESS 585 LUZON AVE
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CAROL WELLS
1.3 STREET ADDRESS 565 W. DAVIS BLVD
1.4 CITY-ST-ZIP TAMPA FL 33606

TITLE ☒ DELETE
NAME HANSEN, DAVID
STREET ADDRESS 3110 LAKE ELLEN DRIVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JOSETTE BULNES
2.3 STREET ADDRESS 2515 BAYSHORE BLVD
2.4 CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE
NAME LEMKE, MAYNARD
STREET ADDRESS 4215 CARROLLWOOD VILLAGE
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME JONI JOHNSON
3.3 STREET ADDRESS 2515 BAYSHORE BLVD
3.4 CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ DELETE
NAME HODGSON
STREET ADDRESS 5055 S DALE MABRY
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME NATHANIEL PIEPER
4.3 STREET ADDRESS 2515 BAYSHORE BLVD
4.4 CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ DELETE
NAME HAUSMAN, MARCIA
STREET ADDRESS 3705 TACON LANE
CITY-ST-ZIP TAMPA FL

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

TITLE ☒ DELETE
NAME KORNMAN, LEWIS
STREET ADDRESS 3402 SEVILLA STREET
CITY-ST-ZIP TAMPA FL

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

Nathaniel G.W. Pieper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 20, 1996

813
229 2121

Date

Daytime Phone #

CR2E037 (12/95)