FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

LAKELAND PRESBYTERIAN APARTMENTS, INC

Feb 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					i cosini dardi, shant mirras sakan tamin dibu dibas dabis daran diban dabis dabis dabis	
530 S. FLORIDA AVE. LAKELAND FL 33801 US		1051 2ND AVE. N ST. PETERSBURG FL 33705			3. Date Incorporated or Qualified 07/02/1968	
03					4. FEI Number Applied For	
		T-2			59-1657258 Not Applicable	le
2. Principal Place of Business		2a. Malling Address			Certificate of Status Desired S8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes ☑ No	
Zip Country		Zip Country		y	8. This corporation owes or has paid the current year intengible	
24 25 29 29 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. Yes Volume 10. Name and Address of New Registered Agent	_
S, Hame and Address of Current Registered Agent				Name	10. Hallo and Addiess of How Hogelers Agent	_
AHRENH	IOL7 THOMAS		_		A.U (D.O. D U	
AHRENHOLZ, THOMAS 1 1051 2ND AVE. N.			82	Street	Address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 33705			83			
			84	City	85 Zip Code	
					FL	
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida, Such change was a	es, the abov authorized b	e-named v the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	d
agent. I a	m familiar with, and accept the obliga	itions of Section 617.0503, Fk	orida Statute	S.	,	
SIGNATURE	Signature, typed or printed name of registered ager	et and title if anolimble (NOT	E. Boolstoned &c	ant alongture	required when reinstating) DATE	_
12.	OFFICERS AND		13.	orii sigisalura	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	'n
NAME	EWALT, REV. FLOYD W.		1.2 NAME			
STREET ADDRESS	1528 SPRINGWOOD DRIVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		☐ Change ☐ Addition	'n
NAME	ZABLE, ELIZABETH A	2.2 N				
STREET ADDRESS 5620 HALFMOON LAKE ROA						
CITY-ST-ZIP	TAMPA FL SD	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	Chance Addition	20
TITLE NAME	_		3.2 NAME			"
1 1	390 WASHINGTON COURT			T ADDRESS		
STREET ADDRESS	FT MYERS BEACH FL			. ,		
CITY-ST-ZIP	ASD	DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	☐ Change ☐ Addition	20
NAME		L_ bttt:	4.2 NAME	.		~
	DAVIES, IDRIS 2084 MASSACHUSETTS AVE			T ADDRESS		
STREET ADDRESS	ST. PETERSBURG FL		4.4 CITY -			
CITY-ST-ZIP TITLE	TD	DELETE	5.1 TITLE	51-ZIP	☐ Change ☐ Addition	on.
NAME	ROLLESTONE, JIM		5.2 NAME			
	5315 BOW LINE BEN					
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	NEW PORT RICHEY FL	DELETE	5.4 CITY- 6.1 TITLE	31-217	Change Addition	10
I -						r#1
NAME	ALBERTS, HENK 10911 CARROLLWOOD DR		6.2 NAME			
STREET ADDRESS	I TOWN I CANNOLLYYOUD DM		0.3 STHEE	T ADDRESS	l .	- 1

14. Thereby 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 chapter 617 in the 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the Information indicated in Section 119.07(3)(ii), Florida Statutes in Section 119.07(3)(iii), Florida Statutes in Section 119.07(3)(iiii), Florida Statutes in Section 119.07(3)(iiii), Florida Statutes in Section 119.07(