

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90256 019 ****61.25

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DOCUMENT # 710588

1. Corporation Name

PRESBYTERIAN TOWERS, INC.

Principal Place of Business

**430 BAY ST NE
ST PETERSBURG FL 33701
US**

Mailing Address

**1051 2ND AVENUE NORTH
ST. PETERSBURG FL 33705**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1966

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

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 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

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

TITLE **DAS** ☐ DELETE
NAME **DAVIES, IDRIS**
STREET ADDRESS **2084 MASSACHUSETTS AVE**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**VD Montwid, Ron
2414 Coventry Ave.
Lakeland, FL 33803**

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

727-894-0368

Daytime Phone #

CR2E037 (1/98)