

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710588

Entity Name: PRESBYTERIAN TOWERS, INC.**Current Principal Place of Business:**430 BAY ST NE
ST PETERSBURG, FL 33701**Current Mailing Address:**1050 BURLINGTON AVENUE NORTH
ST. PETERSBURG, FL 33705**FEI Number:** 59-1197322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONDOR, DEJE EX DIR
1050 BURLINGTON AVENUE NORTH
ST PETERSBURG, FL 33705 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP, DIRECTOR
Name PIEPER, NATHANIEL
Address 823 S ROXMERE RD
City-State-Zip: TAMPA FL 33609

Title ASD
Name ASPY, EUGENE
Address 22 GOLF VIEW CIR
City-State-Zip: WINTER HAVEN FL 33881

Title ATD
Name WYKE, EDWARD D
Address 6101 34TH ST. W., APT. 29G
City-State-Zip: BRADENTON FL 34210

Title SD
Name JONES, GLORIA
Address 4302 DEEPWATER LANE
City-State-Zip: TAMPA FL 33615

Title VD
Name MINER, TOM
Address 2493 BREAKWATER CIR
City-State-Zip: SARASOTA FL 34231

Title TD
Name BROWN, HARRIS
Address 9291 MERRIMOOR BLVD
City-State-Zip: LARGO FL 33777

Title PRESIDENT
Name WILSON, JAMES
Address 16498 EDMONT DRIVE
City-State-Zip: FORT MYERS FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES WILSON**PRESIDENT****03/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date