

**2024 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:**

PETERSON, DEJE WRAY  
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:** DEJE PETERSON

02/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name SNAPP, JOHN  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title SECRETARY  
Name BOGGS, SCOTT  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title ASST VP  
Name KNOX, LYNN  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title TD  
Name MILLER, NANCY CLARK  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title PRESIDENT  
Name WILSON, JAMES  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title ASST. TREASURER  
Name FREDRICKS, DIANA  
Address 1050 BURLINGTON AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33705

*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

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date