

# 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 # 700068 (0)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF SAFETY HARBOR, INC.



Principal Place of Business

Mailing Address

SAFETY HARBOR INC -THE-  
255 S AVE. SO..  
SAFETY HARBOR FL 34695

SAFETY HARBOR INC -THE-  
255 S AVE. SO..  
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified  
10/21/1959

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 25

28 Zip Country  
29 30

4. FEI Number

59-1301080

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

KRAMER, HOWARD  
1130 4TH ST. SOUTH  
SAFETY HARBOR FL 34695

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 P MCCOY, FRED  
NAME  
STREET ADDRESS 555 7TH ST S  
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE SD KRAMER, HOWARD  
NAME  
STREET ADDRESS 1130 4TH ST S  
CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE TD DIEHL, ELEANOR  
NAME  
STREET ADDRESS 480 7TH STREET SO.  
CITY-ST-ZIP SAFETY HARBOR FL

3.1 TITLE TD  
3.2 NAME BODDEN, JUNE  
3.3 STREET ADDRESS 3259 MARIGOLD DRIVE  
3.4 CITY-ST-ZIP CLEARWATER, FL 34621

TITLE D KRAMER, HOWARD  
NAME  
STREET ADDRESS 1130 4TH STREET SO.  
CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

*June B. Bodden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 813-784-9659  
Date Daytime Phone #

CR2E037 (12/95)