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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 700068

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF SAFETY HARBOR,  
INC.

Principal Place of Business

Mailing Address

SAFETY HARBOR INC -THE-  
255 5 AVE. SO.  
SAFETY HARBOR FL 34695

SAFETY HARBOR INC -THE-  
255 5 AVE. SO.  
SAFETY HARBOR FL 34695



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/21/1959

22 City & State

27 City & State

4. FEI Number

Applied For  
Not Applicable

59-1301080

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

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

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

TITLE TD  DELETE  
NAME BODDEN, JUNE  
STREET ADDRESS 3259 MARIGOLD DRIVE  
CITY-ST-ZIP CLEARWATER FL

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

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

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 REQUIRED  
Signature and typed or printed name of signing officer or director

4-28-99  
Date

727-784-9659  
Daytime Phone #

CR2E037 (11/98)