

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701981 (3)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH



Principal Place of Business 701 BEACH DR NE ST PETERSBURG FL 33701	Mailing Address 701 BEACH DR NE ST PETERSBURG FL 33701-2618
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1961	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 59-0640061		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, ANNE FIRST PRESBYTERIAN CHURCH 701 BEACH DRIVE NE ST. PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/Tr	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAY, ALFRED			1.2 NAME	Reed, Jean		
STREET ADDRESS	6800 SUNSET WAY APT B 304			1.3 STREET ADDRESS	380 Pinellas Bayway #G		
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP	St. Petersburg, FL 33715		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/Tr	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAUER, LOUIS R. JR.			2.2 NAME	Crawford, Bruce		
STREET ADDRESS	515 PADUA CIRCLE NE			2.3 STREET ADDRESS	7425 Watersilk Drive		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	Pinellas Park, FL 33782		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/T/Tr	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GULBIS, VIT			3.2 NAME	Nelson, Anne		
STREET ADDRESS	1200 MONTICELLO BLVD NE			3.3 STREET ADDRESS	606 20th Ave. N.E.		
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP	St. Petersburg, FL 33704		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DODDRIDGE, JEANNIE			4.2 NAME			
STREET ADDRESS	806 18TH AVE NE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWIE, JEAN			5.2 NAME			
STREET ADDRESS	12020 SEVENTH ST E			5.3 STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISALND FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOOREFIELD, EVELYN			6.2 NAME			
STREET ADDRESS	2038 BRIGHTWATERS BLVD NE			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE _____ DATE _____

CR2E037 (9/96)