

5-12-98 B 1015 C  
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FILED  
 May 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date Incorporated or Qualified <b>01/31/1961</b>
4. FEI Number <b>59-0640061</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**NELSON, ANNE  
 FIRST PRESBYTERIAN CHURCH  
 701 BEACH DRIVE NE  
 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	<b>Darwin Shiflett</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>First Presbyterian Church</b>
83	<b>701 Beach Drive N.E.</b>
84 City	<b>St. Petersburg</b>
85 Zip Code	<b>FL 33701</b>

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 *Darwin Shiflett* **4/29/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REED, JEAN</b>
STREET ADDRESS	<b>380 PINELLAS BAYWAY #C</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VI</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CRAWFORD, BRUCE</b>
STREET ADDRESS	<b>7425 WATERSILK DR.</b>
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>
TITLE	<b>STT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NELSON, ANNE.</b>
STREET ADDRESS	<b>606 20TH AVE. N.E.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>McCoy, Tony</b>
1.3 STREET ADDRESS	<b>100 29th Ave. N.</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>
2.1 TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Miller, Betty Lou</b>
2.3 STREET ADDRESS	<b>6383 Dartmouth Ave. N.</b>
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
3.1 TITLE	<b>STT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Shaw, Rose</b>
3.3 STREET ADDRESS	<b>105 4th Ave. N.E. #218</b>
3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Tony McCoy* **4/27/98 877-535-0620**

CR2E037 (10/97)