

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 01/31/1961
4. FEI Number 59-0640061
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

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

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**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT	<input checked="" type="checkbox"/> DELETE
NAME REED, JEAN	
STREET ADDRESS 380 PINELLAS BAYWAY #C	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VI	<input checked="" type="checkbox"/> DELETE
NAME CRAWFORD, BRUCE	
STREET ADDRESS 7425 WATERSILK DR.	
CITY-ST-ZIP PINELLAS PARK FL	
TITLE STT	<input checked="" type="checkbox"/> DELETE
NAME NELSON, ANNE.	
STREET ADDRESS 606 20TH AVE. N.E.	
CITY-ST-ZIP ST. PETERSBURG FL	
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 PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME McCoy, Tony	
1.3 STREET ADDRESS 100 29th Ave. N.	
1.4 CITY-ST-ZIP St. Petersburg, FL 33704	
2.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Miller, Betty Lou	
2.3 STREET ADDRESS 6383 Dartmouth Ave. N.	
2.4 CITY-ST-ZIP St. Petersburg, FL 33710	
3.1 TITLE STT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Shaw, Rose	
3.3 STREET ADDRESS 105 4th Ave. N.E. #218	
3.4 CITY-ST-ZIP St. Petersburg, FL 33701	
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)