

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 # 703528 (0)
1. Corporation Name
ST JOHN PRESBYTERIAN CHURCH INC



Principal Place of Business: **REV. TODD BRUSHWOOD
4120 NORTH MACDILL AVENUE
TAMPA FL 33607
US**

Mailing Address: **REV. TODD BRUSHWOOD
4120 NORTH MACDILL AVENUE
TAMPA FL 33607
US**

3. Date Incorporated or Qualified: **01/29/1962**
3a. Date of Last Report: **04/12/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-0855405	Applied For
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	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PINERA, GLORIA 2318 KNOLLWOOD PL TAMPA FL 33604				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	SD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, MARIA			1.2 NAME			
STREET ADDRESS	4623 CLOVERLAWN DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FLORIDA 00000			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTON, JULIO W (TRUSTEE)			2.2 NAME			
STREET ADDRESS	2706 ABDELLA			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FLORIDA 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONIS, OSCAR JR			3.2 NAME			
STREET ADDRESS	510 COLUMBIA DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPY, JOSEPH			4.2 NAME			
STREET ADDRESS	3309 W IVY STR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FLORIDA 00000			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRIQUEZ, CECIL			5.2 NAME			
STREET ADDRESS	3001 PALMERAS CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Cecil Henriquez Jr.* Date: **April 23, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CECIL HENRIQUEZ JR. - TREA. Daytime Phone # _____

CR2E037 (12/95)