FILÉ NOW: FILING FEE IS \$61.25

FILED Apr 24 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 703528 **(O)** ST JOHN PRESBYTERIAN CHURCH INC Principal Place of Business Mailing Address REV. TODO BRUSHWOOD REV. TODD BRUSHWOOD 3. Date Incorporated or Qualified 4120 NORTH MACDILL AVENUE 4120 NORTH MACDILL AVENUE 01/29/1962 TAMPA FL 33607 **TAMPA FL 33607** 4. FEI Number Applied For US 59-0855405 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name PINERA, GLORIA 82 Street Address (P.O. Box Number is Not Acceptable) 2318 KNOLLWOOD PL 8.3 TAMPA FL 33604 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FERNANDEZ, MARIA NAME 1.2 NAME CR2E037 4623 CLOVERLAWN DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FLORIDA 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ANTON, JULIO W (TRUSTEE) NAME 2.2 NAME 2706 ABDELLA 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FLORIDA 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BONIS, OSCAR JR NAME 3.2 NAME 510 COLUMBIA DR STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PAPY, JOSEPH NAME 4.2 NAME 3309 W IVY STR STREET ADDRESS 4.3 STREET ADDRESS TAMPA, FLORIDA 00000 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE HENRIQUEZ, CECIL NAME 5.2 NAME 3001 PALMERAS CT **5.3 STREET ADDRESS** STREET ADDRESS TAMPA FL CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition

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: Delle MENRIQUEZ JR. 4-17-98

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP