NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # 703528 1 Entity Name 03-08-2006 90168 020 ****61.25 ST JOHN PRESBYTERIAN CHURCH INC Mailing Address Principal Place of Business DR. EARL J. SMITH 4120 NORTH MACDILL AVENUE DR. EARL J. SMITH 4120 NORTH MACDILL AVENUE TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 59-0855405 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINERA, GLORIA Street Address (P.O. Box Number is Not Acceptable) 10928 ARBOR RIDGE DR **TAMPA FL 33624** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. $^{\rm BILE}/T|D|^{\rm Tr}$ Change Change Addition TITLE Delete Schick, Raymond SCHICK, RAYMOND NAME NAME 2909 Barcelona, #1011 6309 EAGLEBROOK AVE STREET ADDRESS STREET ADDRESS Tampa, FL 33629 TAMPA FL 33625 CITY - SF - ZIP CHEY ST ZIP Delete ☐ Change Addition SD Robert Fjellin ANTON, JULIO W (TRUSTEE) NAME NAMI 1019 1/2 - E.17th Ave. 2706 ABDELLA STREET ADDRESS STREET ADDRESS Tampa, FL 33605 TAMPA, FLORIDA 00000 CITY ST ZIP CITY ST ZIP Delete Change ☐ Addition LOPEZ, GUILLERMO NAME NAME 3301 DEWEY ST STREET ADDRESS STREET ADDRESS CITY ST ZIP TAMPA FL 33607 CHY ST 7P **Addition** TITLE XX Delete HITLE ☐ Change Dreier, Betty J. D BEIRO JR., MANUEL NAME 3107 W. Osborne Ave. 3008 DEWEY ST STREET ADDRESS STREET ADDRESS Tampa, FL 33614 **TAMPA FL 33607** CITY-ST ZIP CITY ST 7P TITLE xxx Delete HULF Change **Addition** HENRIQUEZ, CECIL D Laura Kessler NAME 9649 WILSKY BLVD, STE 3 24020 Timberset Ct. STREET ADDRESS STREET ADDRESS TAMPA FL 33615 Lutz, FEL ^33559 CITY ST ZIP CITY ST AF Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY - \$1 - 71P CITY ST 7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #