


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 031 \*\*\*\*61.25

**DOCUMENT # 703528**  
 1. Entity Name  
 ST JOHN PRESBYTERIAN CHURCH INC



Principal Place of Business DR. EARL J. SMITH 4120 NORTH MACDILL AVENUE TAMPA, FL 33607 US	Mailing Address DR. EARL J. SMITH 4120 NORTH MACDILL AVENUE TAMPA, FL 33607 US
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4004267U



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0855405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PINERA, GLORIA  
 10928 ARBOR RIDGE DR  
 TAMPA, FL 33624

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <del>SCHICK, RAYMOND</del> <b>CHANGE</b> Ramona Suarez 2909 BARCELONA, #1011 TAMPA, FL 33628 207 W. Giddens Tampa, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FJELIN, ROBERT 1019 1/2 - E. 17TH AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>LOPEZ, GUILLERMO</del> <b>CHANGE</b> Mary Vaglica 3301 DEWEY ST TAMPA, FL 33607 2132 W. Minnehaha Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREIER, BETTY J 3107 W. OSBORNE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, LAURA 24020 TIMBERSET CT LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Ramona O Suarez 03-13-07 813 872-0333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #