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Secretary of State

04-20-1999 90048 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 704056		
1. Corporation Name GARDEN CREST PRESBYTERIAN CHURCH (USA), INCORPORATED IN ST. PETE., FL		
Principal Place of Business 5901 9TH AVENUE NORTH ST. PETERSBURG FL 33710		Mailing Address 5901 9TH AVENUE NORTH ST. PETERSBURG FL 33710



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/17/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0939909	
24 Country		29 Country		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				☐	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PENNINGTON, ROBERT E. 1235 80TH ST., SOUTH ST. PETERSBURG FL 33707		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☒ DELETE	1.1 TITLE	BUDASH, Mrs. Phyllis ☐ Change ☒ Addition
NAME	PENNINGTON, ROBERT E.	1.2 NAME	7229 Parkside Villas Dr. N. "D"
STREET ADDRESS	1235 80TH ST. SOUTH	1.3 STREET ADDRESS	St. Petersburg 33709
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	2.1 TITLE	GOMEZ, HENNY ☐ Change ☒ Addition
NAME	ALEXANDER, ROBERT W	2.2 NAME	4934 Haines Rd. "T"
STREET ADDRESS	5443 17TH AVE N	2.3 STREET ADDRESS	St. Petersburg 33713
CITY-ST-ZIP	ST PETERSBURG FL 33710	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	KIPP, Donald C. ☐ Change ☒ Addition
NAME	MOORE, JOHN B	3.2 NAME	2854 60th ST. N. "T"
STREET ADDRESS	3167 62ND ST N	3.3 STREET ADDRESS	St. Petersburg, FL 33710
CITY-ST-ZIP	ST. PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	R C ☐ DELETE	4.1 TITLE	Hansen, Mrs. Ruth A. ☐ Change ☒ Addition
NAME	GOMEZ, ALFONSO L	4.2 NAME	6480 30th Ave N. "T"
STREET ADDRESS	2050 45TH ST N	4.3 STREET ADDRESS	St. Petersburg, FL 33710
CITY-ST-ZIP	ST PETERSBURG FL 33713	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	
NAME	KINSELLA, EUGENE T	5.2 NAME	
STREET ADDRESS	6200 34TH AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33710	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

Daytime Phone #

CR2E037-(1/98)