

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706591** (5)

1. Corporation Name

THE PINE SHORES PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

**6116 ELMWOOD AVENUE
SARASOTA FL 34231**

**6116 ELMWOOD AVENUE
SARASOTA FL 34231**

3. Date Incorporated or Qualified

12/23/1963

4. FEI Number

59-0794839

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILIFF, BEVERLY J.
6116 ELMWOOD AVENUE
SARASOTA FL 34231**

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 617.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **VD
CREPS, RICHARD H**
STREET ADDRESS **908 CONTENTO CIR.**
CITY-ST-ZIP **SARASOTA FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **P
COOKE, TRUDY**
STREET ADDRESS **1586 LANDINGS TERR**
CITY-ST-ZIP **SARASOTA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **STD
RINEHART, THOMAS**
STREET ADDRESS **700 FREELING DR**
CITY-ST-ZIP **SARASOTA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D
WITTER, PAUL**
STREET ADDRESS **529 S SHORE DR**
CITY-ST-ZIP **OSPREY FL**

4.2 NAME **D
REYNOLDS, Joseph**
4.3 STREET ADDRESS **5176 SUNNYDALE CIR. W.**
4.4 CITY-ST-ZIP **SARASOTA FL 34233-2012**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D
LONGINO, B.T.**
STREET ADDRESS **RT 2 BOX 695**
CITY-ST-ZIP **ARCADIA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Trudy A. Cooke

TRUDY A. COOKE

2/9/98

(941) 922-1597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (10/97)