

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90185 001 \*\*\*\*70.00

0065102

**DOCUMENT # 706591**

1. Corporation Name

**THE PINE SHORES PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

6116 ELMWOOD AVENUE  
SARASOTA FL 34231

Mailing Address

6116 ELMWOOD AVENUE  
SARASOTA FL 34231



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

24 25 29 30

3. Date Incorporated or Qualified

**12/23/1963**

4. FEI Number

**59-0794839**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☒ DELETE  
NAME **REYNOLDS, JOSEPH**  
STREET ADDRESS **5176 SUNNYDALE CIR. W.**  
CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **WALTERS, ROBERT S.**  
4.4 CITY-ST-ZIP **3856 WILSHIRE CIR. W.**  
**SARASOTA FL 34238-2572**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **ROBERTS, BRUCE F.**  
5.4 CITY-ST-ZIP **P.O. BOX 5068**  
**SARASOTA FL 34277**

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*Trudy A. Cooke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99  
Date

(941) 922-1597  
Daytime Phone #

CR2E037 (1/198)