

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707163 (2)

1. Corporation Name

JOHN CALVIN PRESBYTERIAN CHURCH, OF TAMPA, FLORIDA, INC.



Principal Place of Business

6501 N. NEBRASKA AVE.
TAMPA FL 33604

Mailing Address

6501 N. NEBRASKA AVE.
TAMPA FL 33604

3. Date Incorporated or Qualified
04/16/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **6501 N. NEBRASKA AVE**

2a. Mailing Address

26 **Same**

4. FEI Number
59-1031280

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **TAMPA, FL.**

City & State

28

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

Zip

24 **33604**

Country

25 **USA**

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, RAPH B
3705 W CYPRESS ST
TAMPA FL 33607**

81 Name

SAME

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **COULL, GEORGE**
STREET ADDRESS **1009 E NORTH ST**
CITY - ST - ZIP **TAMPA FL**

TITLE **COS** ☐ DELETE

NAME **GONZALEZ, RAPH B**
STREET ADDRESS **3705 W CYPRESS ST**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **DEWEY, GILLAREN VILLAREAL, DEWEY**
STREET ADDRESS **4413 BROOKWARD DR**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **SPEER, DAVE**
STREET ADDRESS **9040 LAKE PALCE W**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **R. B. GONZALEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

813-874-3743

Date

Daytime Phone #

CR2E037 (12/95)