SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # 712001 (7)

1. Corporation Name

PRESBYTERIAN SPECIAL SRVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3395 GRAND AVENUE<br>GLENWOOD FL 32722 | P.O. BOX 220036<br>GLENWOOD FL 32722 |

3. Date Incorporated or Qualified: 12/22/1966

4. FEI Number: 59-1159090 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 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 |
|---|---|
| DAVIS, W BLAKE<br>3395 N. GRAND AVE.<br>GLENWOOD FL 32722 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | PETERSON, SID C. | | 1.2 NAME | Lunde, Donald | |
| STREET ADDRESS | 4012 SAXON DRIVE | | 1.3 STREET ADDRESS | 10323 Sequoya Dr. | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | | 1.4 CITY-ST-ZIP | Jacksonville, FL 32257 | |
| TITLE | C | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | SANDERS, EDWIN P.B. | | 2.2 NAME | Bruns, Carolle | |
| STREET ADDRESS | 120 W. INDIANA, SUITE 207 | | 2.3 STREET ADDRESS | 3045 Bay Spring Trail | |
| CITY-ST-ZIP | DELAND FL | | 2.4 CITY-ST-ZIP | Deland, FL 32724 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | AITKEN,ROBERT | | 3.2 NAME | Cathers, Margaret | |
| STREET ADDRESS | 3022 TURTLE DOVE TRAIL | | 3.3 STREET ADDRESS | 732 Bella Vista | |
| CITY-ST-ZIP | DELAND FL | | 3.4 CITY-ST-ZIP | Edgewater, FL 32141 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | MATTHEW, ALLISON | | 4.2 NAME | Gael, Art | |
| STREET ADDRESS | 3430 GRAND AVE. | | 4.3 STREET ADDRESS | 13275 SE 106 Terrace | |
| CITY-ST-ZIP | GLENWOOD FL 32722 | | 4.4 CITY-ST-ZIP | Ocklawaha, FL 32179 | |
| TITLE | VCD | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | KIRKPATRICK, JOHN | | 5.2 NAME | Weigel, Allyn | |
| STREET ADDRESS | 1601 BUENA VISTA DR. | | 5.3 STREET ADDRESS | ~~P.O. Drawer 2815~~ - Island Grove Drive | |
| CITY-ST-ZIP | EUSTIS FL | | 5.4 CITY-ST-ZIP | Deland, FL 32720 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | BIRDSALL, WILLIAM | | 6.2 NAME | Yeh, Charles | |
| STREET ADDRESS | 36340 VIA MARCIA ST | | 6.3 STREET ADDRESS | 9800 SW 3rd Ct. | |
| CITY-ST-ZIP | FRUITLAND PARK FL | | 6.4 CITY-ST-ZIP | Plantation, FL 33324 | |

CR2E037 (5/98)

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:** [signature] Chairman 8/19/98 (904) 734-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #