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Apr 02 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 # **712207** (0)

1. Corporation Name

**PRESBYTERIAN CHURCH OF THE GOOD SHEPHERD OF MELB
OURNE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**810 W FLORIDA AVE
MELBOURNE FL 32901-5156**

**810 W FLORIDA AVE
MELBOURNE FL 32901-5156**



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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMAGE, ERMA
121 BAUER DR.
MELBOURNE FL 32901**

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 **P** ☒ DELETE
NAME **WEGNER, DOUGLAS**
STREET ADDRESS **810 LYNBROOK ST. NW**
CITY-ST-ZIP **PALM BAY FL**

1.1 TITLE **VPS** ☐ Change ☒ Addition
1.2 NAME **Bixby, William**
1.3 STREET ADDRESS **1217 S. Riverside Dr**
1.4 CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **D** ☐ DELETE
NAME **BIXBY, DR. BARBARA E.**
STREET ADDRESS **1217 S. RIVERSIDE DR.**
CITY-ST-ZIP **INDIALANTIC FL**

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

TITLE **VPS** ☒ DELETE
NAME **RUBY, CHARLES**
STREET ADDRESS **711 RIVERA DR. N.E.**
CITY-ST-ZIP **PALM BAY FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Pluhar, Emil**
3.3 STREET ADDRESS **265 Monaco Rd**
3.4 CITY-ST-ZIP **W. Melbourne, FL 32904**

TITLE **D** ☐ DELETE
NAME **BEARDSLEE, HOWARD**
STREET ADDRESS **620 IXORA DR.**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME **Beardslee, Howard**
4.3 STREET ADDRESS **620 IXORA DR.**
4.4 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **ST** ☒ DELETE
NAME **SKROBACK, ANN**
STREET ADDRESS **1334 WORTH CT. N.E.**
CITY-ST-ZIP **PALM BAY FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Brownlee, Bonnie**
5.3 STREET ADDRESS **4605 Lake Waterford**
5.4 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☒ DELETE
NAME **SPALDING, JEAN**
STREET ADDRESS **2108 GRANT PLACE #4**
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Cress, Bernice**
6.3 STREET ADDRESS **214 E. Prince Ave.**
6.4 CITY-ST-ZIP **Melbourne, FL 32901**

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:

Emil & Pluhar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/98

Date

Daytime Phone #

CR2E037 (10/97)