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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712825 (9)

1. Corporation Name
BAYSHORE PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place of Business
2515 BAYSHORE BLVD
TAMPA FL 33629

Mailing Address
2515 BAYSHORE BLVD
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1967
3a. Date of Last Report 01/27/1994
4. FEI Number 59-1631648
Applied For Not Applicable

2. Principal Place of Business
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2a. Mailing Address
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5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PIEPER, NATHANIEL G.W.
804 BAYSIDE DR.
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIS, VIRGINIA
STREET ADDRESS 585 LUZON AVE
CITY-ST-ZIP TAMPA FL

TITLE ~~D~~
NAME ~~HANSMA, DAVID~~
STREET ADDRESS ~~3110 LAKE ELLEN DRIVE~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~
NAME ~~ALLEN, HELEN~~
STREET ADDRESS ~~2218 LEE COURT, 14-202~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~
NAME ~~WELLS, JOHN~~
STREET ADDRESS ~~565 W DAVIS BLVD~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~
NAME ~~HAUSMAN, MA RCIA~~
STREET ADDRESS ~~3705 TACON LANE~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~
NAME ~~KORNMAN, LEWIS~~
STREET ADDRESS ~~3402 SEVILLA STREET~~
CITY-ST-ZIP ~~TAMPA FL~~

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 D
3.3 STREET ADDRESS Maynard Lemke
3.4 CITY-ST-ZIP 4216 Carrollwood Village
Tampa, FL 33618

4.1 TITLE Change Addition
4.2 NAME D
4.3 STREET ADDRESS Skip Hodgson
4.4 CITY-ST-ZIP 5055 S. Dale Mabry
Tampa, FL 33611

5.1 TITLE Change Addition
5.2 NAME D
5.3 STREET ADDRESS Carolyn Heagey
5.4 CITY-ST-ZIP 471 Lucerne Ave.
Tampa FL 33606

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Virginia Simmons Ellis Virginia Simmons Ellis 3/15/95
Date: 813 263 3771
Daytime Phone #