

**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 # 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**

3. Date Incorporated or Qualified: **05/29/1967**  
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1631648**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
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 **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 re-registering. DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIS, VIRGINIA	
STREET ADDRESS	585 LUZON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>HANSMAN, DAVID</del>	
STREET ADDRESS	<del>3110 LAKE ELLEN DRIVE</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMKE, MAYNARD	
STREET ADDRESS	4215 CARROLLWOOD VILLAGE	
CITY-ST-ZIP	TAMPA FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>HODGSON</del>	
STREET ADDRESS	<del>5055 S DALE MABRY</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>HAUSMAN, MA RCIA</del>	
STREET ADDRESS	<del>3705 TACON LANE</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>KORNMAN, LEWIS</del>	
STREET ADDRESS	<del>3402 SEVILLA STREET</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROL WELLS	
1.3 STREET ADDRESS	565 W. DAVIS BLVD	
1.4 CITY-ST-ZIP	TAMPA FL 33606	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSETTE BULNES	
2.3 STREET ADDRESS	2515 BAYSHORE BLVD.	
2.4 CITY-ST-ZIP	TAMPA FL 33629	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JONI JOHNSON	
3.3 STREET ADDRESS	2515 BAYSHORE BLVD	
3.4 CITY-ST-ZIP	TAMPA FL 33629	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NATHANIEL PIEPER	
4.3 STREET ADDRESS	2515 BAYSHORE BLVD	
4.4 CITY-ST-ZIP	TAMPA FL 33609	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nathaniel G.W. Pieper clerk Date: Apr. 20, 1996 813  
229 2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)