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NONPROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 29 1998 8:00am Secretary of State

City & State City & State 7. is this nonprofit corporation a homeowners association? 23 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	1. Corporation	n Name	J (5)					
Principal Place of Business Mailing Address 251 AS/SHORE BUD TAMPA R. 3869 262 Principal Place of Business 273 Data Incorporation of Outsillied CS/29/1967 3. Data Incorporated or Qualified CS/29/1967 3. Data Incorporated or Qualified CS/29/1967 4. FET Number Not Applicable 3. Data Incorporation and Debugging Set And Set Company 1 Principal Place of Business 284. Apr. 8, etc. 295 206 207 207 208 208 209 209 209 209 209 209	BAYSHORE PRESBYTERIAN CHIBICH (II S A V INC							
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Trust Fund Contribution Address of Pages		#, etc.						
28	 							
Zip Country Zip Country Sign South	City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of Her Registered Agent 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statuties, the Address of Provisions of Sections 617.0502 and 617.1508, Florida Statuties, the City or registered agent, or both, in the State of Florida. Statuties the obligations of Sections 617.0502 and 617.1508, Florida Statuties, the City or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. Statuties the operation submits this statement for the purpose of changing its registered agent or purpose of changing its registered agent. The purpose of changing its registered agent	23		28				☐ Yes 🗷 No	
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SIGNATURE Signature, typed or privated agent and title if applicable. (NOTE Registried Agent signature required when reinstating) DATE	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 in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered.							
12	agent, I a	m familiar with, and accept the obliga-	ations of, Section 617.0503, Flo	rida Sta	tutes	•		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE	Stan three head or printed name of restricted name	est and life if applicable (NOT)	Popletoro	d 0.000	et alanoture requir	rod when relectation)	
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NAME	CITY-ST-ZIP	TAMPA FL		2.40	2.4 CITY-ST-ZIP			
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indicated on this annual report or supplied with this limit does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes, I further certify that the Informatic 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.