

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90063 026 ****61.25

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1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1631648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIEPER, NATHANIEL G.W.
LAU LANE PIEPER SUITE 1700
100 S ASHLEY DR
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME DAVID, HANSMAN
STREET ADDRESS 3110 LAKE ELLEN DR
CITY-ST-ZIP TAMPA FL 33618

TITLE DS ☒ Change ☐ Addition
NAME GORDON KNAPP
STREET ADDRESS 915 S. ORLEANS AVE
CITY-ST-ZIP Tampa FL 33606-2940

TITLE D ☐ Delete
NAME MARY, JORN
STREET ADDRESS 2510 PALM DR
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Change ☐ Addition
NAME Ken Cooley
STREET ADDRESS 2512 PROSPECT ROAD
CITY-ST-ZIP Tampa FL 33629

TITLE D ☐ Delete
NAME ZITEK, MARGARET
STREET ADDRESS 2510 JETTEN AV
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/04