

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 10:11

DOCUMENT # 720578 (4)

1. Corporation Name

**FAITH PRESBYTERIAN CHURCH OF DUNEDIN, FLORIDA, I
NC.**

Principal Place of Business

Mailing Address

5 PATRICIA AVENUE
DUNEDIN FL 34698

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DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1971** 3a. Date of Last Report **07/05/1994**

4. FEI Number **59-1090982** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 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 ☒ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☒ No

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

**KING, ALICE
200 15TH STREET NW
LARGO FL 34640**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EVERS, EDWARD J
STREET ADDRESS	570 OLD OAK CIR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	BOSTROM, JACK
STREET ADDRESS	2779 ENTERPRISE RD E APT 45
CITY - ST - ZIP	CLEARWATER FL
TITLE	STD
NAME	TERRIE, PAT
STREET ADDRESS	2259 HARN BLVD
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	POWELL, E. J.
STREET ADDRESS	2100 NURSERY RD BLDG A APT 7
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	GALUCKI, FRAN
STREET ADDRESS	1679 LINWOOD DR
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	WEBB, MAUREEN
STREET ADDRESS	1734 DOUGLAS AVENUE
CITY - ST - ZIP	DUNEDIN FL 34698

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Evers
Edward J. Evers, President

June 8, 1995

Date

813-738-2956

Daytime Phone #