4-10-97 B-4397 C

FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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	5 PATRICIA AVENUE DUNEDIN FL 34698-6102

3. Date Incorporated or Qualified: **03/24/1971**
3a. Date of Last Report: **07/16/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALUCKI, FRANCES J
1679 LINWOOD DR.
CLEARWATER FL 34615

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 Frances J. Galucki FRANCES J. GALUCKI CLERK OF SESSION 04-07-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WEBB, WALLACE E		1.2 NAME	
STREET ADDRESS	618 ROANOKE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDINE FL		1.4 CITY-ST-ZIP	DUNEDIN, FL 34698-8421
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	COLBY, MARTHA E		2.2 NAME	
STREET ADDRESS	1861 DOUGLAS AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	STD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	TULENKO, EHELEN R		3.2 NAME	TULENKO, HELEN R.
STREET ADDRESS	2637 CEDAR VIEW CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 34621-3710
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	POWELL, E. J.		4.2 NAME	
STREET ADDRESS	2100 NURSERY RD BLDG A APT 7		4.3 STREET ADDRESS	2201 EUCLID CIRCLE, N.
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	GALUCKI, FRAN		5.2 NAME	
STREET ADDRESS	1679 LINWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	D	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	MATHIS, TERRI J		6.2 NAME	
STREET ADDRESS	3500 MAGNOLIA RIDGE CIR.L #406		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP	PALM HARBOR, FL 34684

CR2E037 (9/96)

14. I do 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 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. WALLACE E. WEBB

SIGNATURE: [illegible] 4-8-97 813-733-8021