FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

FAITH PRESBYTERIAN CHURCH OF DUNEDIN, FLORIDA, I

Mailing Address Principal Place of Business 5 PATRICIA AVENUE DUNEDIN FL 34698 5 PATRICIA AVENUE 3. Date Incorporated or Qualified **DUNEDIN FL 34698** <u>03/24/1971</u> 4. FEI Number Applied For 59-1090982 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes □ No 28 Country Zip Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GALUCKI, FRANCES J Street Address (P.O. Box Number is Not Acceptable) 1679 LINWOOD DR. 83 **CLEARWATER FL 34615**

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.

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City

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	PD	Change	Addition Addition
NAME	WEBB, WALLACE E	•	1.2 NAME	Webb, Mitchell W.		
STREET ADDRESS	616 ROANOKE ST		1.3 STREET ADDRESS	1779 Ranchwood Dr S		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698-5513	3	
TITLE	V 0	☐ 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			
TITLE	STD	DELETE	3.1 TITLE		Change	Addition
NAME	TULENKO, HELEN R.		3.2 NAME			
STREET ADDRESS	2637 CEDAR VIEW CT		3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP			
TITLE	0	DELETE	4.1 TITLE	D	Change .	Addition .
NAME	POWELL, E. J.		4. 2 NAME	Beebe, Eunice A.		
STREET ADDRESS	2201 EVCLID CIRCLE N		4.3 STREET ADDRESS	1061 Álland Dn		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY - ST - ZIP	Clearwater, FL 33763-2	2205	
TITLE	D	DELETE	5.1 TITLE		Thange	Addition
NAME	GALUCKI, FRAN		5.2 NAME			
STREET ADDRESS	1679 LINWOOD DR		5.3 STREET ADDRESS			
CITY-ȘT-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE	D	Change	Addition
NAME	MATHIS, TERRI J	•	6.2 NAME	Trautwein, William T.		
STREET ADDRESS	3500 MAGNOLIA RIDGE CIR.L #406		6.3 STREET ADDRESS	1949 Los Lomas Dr		

CITY-ST-ZIP | PALM HARBOR FL | 64 CITY-ST-ZIP | Clearwater FL 33763-4117 |

14. 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 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.

here FRANCES J. GALUCKI 2/20/98 SIGNATURE:

813-441-2370

FILED

Mar 02 1998 8:00am

Secretary of State

Zip Code

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