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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720578

1. Corporation Name

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

Principal Place of Business

**5 PATRICIA AVENUE
DUNEDIN FL 34698**

Mailing Address

**5 PATRICIA AVENUE
DUNEDIN FL 34698**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1971

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

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 **NANCY L. MCSWAIN**

82 Street Address (P.O. Box Number is Not Acceptable)
1929 VALENCIA WAY

83

84 City **CLEARWATER**

FL

85 Zip Code
33764

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 **Nancy L. McSwain**

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

(NOTE: Registered Agent signature required when reinstating)

11/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WEBB, MITCHELL W**
STREET ADDRESS **1779 RANCHWOOD DR S**
CITY-ST-ZIP **DUNEDIN FL 34698-5513**

TITLE **VD** ☐ DELETE
NAME **COLBY, MARTHA E**
STREET ADDRESS **1861 DOUGLAS AVE**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **STD** ☒ DELETE
NAME **TULENKO, HELEN R.**
STREET ADDRESS **2637 CEDAR VIEW CT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **BEEBE, EUNICE A**
STREET ADDRESS **1961 ALLARD DR**
CITY-ST-ZIP **CLEARWATER FL 33763-2205**

TITLE **D** ☒ DELETE
NAME **GALUCKI, FRAN**
STREET ADDRESS **1679 LINWOOD DR**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **TRAUTWEIN, WILLIAM T**
STREET ADDRESS **1949 LOS LOMAS DR**
CITY-ST-ZIP **CLEARWATER FL 33763-4117**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34698-3306**

3.1 TITLE **STD** ☒ Change ☒ Addition
3.2 NAME **GRACE FULTON**
3.3 STREET ADDRESS **1926 SOUVENIR DRIVE**
3.4 CITY-ST-ZIP **CLEARWATER, FL 33755-1530**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Nancy L. McSwain**
5.3 STREET ADDRESS **1929 VALENCIA WAY**
5.4 CITY-ST-ZIP **CLEARWATER, FL 33764-6627**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **W. Webb**

1/20/99

727-458-6733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072777

CR2E037 (1/98)