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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734100

(1)

FILED Mar 31 1997 8:00am Secretary of State

THE FI	rst presbyterian Chi	URCH OF TAMPA, INC.		_	_				
Principal Plac	e of Business	Mailing Address				}	re andi Albei di	FEL BERTH BIRAL B	I DEL TERMINISTE
412 ZACK STRI TAMPA FL 3360		412 ZACK STREET TAMPA FL 33802-4613							
						3. Date Incorporated or Qualified 10/20/1975	d 3a. D	ate of Last F 04/22/19	leport 96
∹ ''	lace of Business	2a. Mailing Address				4. FEI Number 59-0624395			plied For
Suite, Apl.	# oto	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		00 0024000	· · · · · · · · · · · · · · · · · · ·		ot Applicable Additional
22	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		7 - · · · ·	Additional Equired
City & Stat	e	City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		\$5.00	Мау Ве
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for	or intangible	tax under s	. 199.032,
24	9. Name and Address of Cur	rrent Registered Agent	30			Florida Statutes 10. Name and Address of New			
	9, Halle alle Address of Cul	tell tregistered Agent		Nam	ne	IV. Hallis alla Address Si Hen	riogisterou	Agent	
מ ווים	ALPH C., ESQUIRE								a
	ARNETT BANK BUILDING		1	32 Stree	et Addres	ress (P.O. Box Number is Not Acceptable)			
	ST KENNEDY BOULEVARD		Ī	33		·		······································	
	FL 33602		ا	34 City				les Zio	Code
			- 1	1 - 7			FL	_	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statui	tes, the abo	ove-name	ea corpo	ration submits this statement for the	o puipose u		
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 617.0 registered agent, or both, in the St am familiar with, and accept the ob							pointment as	registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOT	E: Registered			d when reinstating)	DAYE		
	Signature, typed or printed name of registered OFFICERS			Agent eignat			DAYE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS PD	d agent and title if applicable. (NOT	E: Registered /	Agent eignat E		d when reinstating)	DAYE	D DIRECTO	RS IN 12
SIGNATURE 12. THE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOT	13. 1.1 TITL	Agent eignat E	ture required	d when reinstating)	DAYE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signalure, typed or printed name of registered OFFICERS PD HILL, LEWIS H. III	d agent and title if applicable. (NOT	13. 1.1 TITL 1.2 NAA 1.3 STR	Agent signat E ME	ture required	d when reinstating)	DAYE	D DIRECTO	RS IN 12
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i. 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.

SIGNATURE

CHANNEL OF SIGNING OFFICER OF DIRECTO

Day Daytime Phone # 0046968