FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739722 (7)

1. Corporation Name

HIGHLAND PRESBYTERIAN CHURCH OF LARGO, INC.

Principal Place of Business	Mailing Address
1885 S HIGHLAND AVE CLEARWATER FL 34616-6750	1885 S HIGHLAND AVE CLEARWATER FL 34616-6750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6151639 ☐ 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 ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

NORTON, CAROL J.
1231 11TH COURT S.W.
LARGO FL 34640

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Carol J. Norton — Feb. 16, 1995
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GURLEY, PHYLLIS	1.2 NAME	ROBINSON, Marilyn	
STREET ADDRESS	970 7TH AVENUE N.E.	1.3 STREET ADDRESS	2293 Austrian Lane; Apt. 21	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Clearwater, FL 34623	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBINSON, MARILYN	2.2 NAME	PENNEY, Franklin F.	
STREET ADDRESS	2993 AUSTRIAN WAY, APT. 21	2.3 STREET ADDRESS	2663 Sequoia Terrace	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROCKWELL, SHIRLEY R.	3.2 NAME		
STREET ADDRESS	1117 LIVE OAK CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DAVID	4.2 NAME		
STREET ADDRESS	1682 LAKE AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SCRIVENER, J RAYMOND	5.2 NAME	SCRIVENER, Mary Jean	
STREET ADDRESS	10230 138 ST N	5.3 STREET ADDRESS	10230 138th Street North	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, RALPH DR.	6.2 NAME		
STREET ADDRESS	700 STARKEY RD, APT. 1024	6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	6.4 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)(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: [signature] David R. Scott Feb. 16, 1995 (813) 584-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068200