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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 739722

1. Corporation Name

HIGHLAND PRESBYTERIAN CHURCH OF LARGO, INC.

Principal Place of Business

1885 S HIGHLAND AVE
CLEARWATER FL 33756-1750
US

Mailing Address

1885 S HIGHLAND AVE
CLEARWATER FL 33756-1750
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

07/25/1977

22

City & State

27

City & State

4. FEI Number

59-6151639

Applied For

Not Applicable

23

Zip Country

28

Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

24

Zip Country

29

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON, CAROL J.
1231 11TH COURT S.W.
LARGO FL 33770

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

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
NAME GURLEY, PHYLLIS
STREET ADDRESS 970 7TH AVE N.E.
CITY-ST-ZIP LARGO FL 33770

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

TITLE D
NAME COFFEY, TRUDY
STREET ADDRESS 980 7TH ST, N.W., LOT 97
CITY-ST-ZIP LARGO FL 33770

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GITCHELL, ELLEN
STREET ADDRESS 1117 MONTROSE PLACE
CITY-ST-ZIP DUNEDIN FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME BINKS, ARNOLD
STREET ADDRESS 1500 W BAY DRIVE, APT 201
CITY-ST-ZIP LARGO FL 33770

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

TITLE D
NAME HANKLA, JESSE
STREET ADDRESS 2525 W BAY DRIVE, APT D31
CITY-ST-ZIP LARGO FL 33770

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME DIANE ROFFEY
STREET ADDRESS 1952 OLAIN DR
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE
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:

Phyllis Gurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 3, 1999 (727) 584-5360

CR2E037 (1/98)