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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 741273 (7)

1. Corporation Name

ST. PAUL'S PRESBYTERIAN CHURCH, INC.



Principal Place of Business

Mailing Address

5550 S SUMTER BLVD  
P O BOX 7138  
NORTH PORT FL 34287

5550 S SUMTER BLVD  
P O BOX 7138  
NORTH PORT FL 34287-0138

3. Date Incorporated or Qualified  
12/30/1977

3a. Date of Last Report  
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24

Zip

Country

29 30

4. FEI Number  
59-1589298

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILCOX, ELBERT L  
200 LA ROSAS  
NORTH PORT FL 34287

81 Name  
Emily Johnson

82 Street Address (P.O. Box Number is Not Acceptable)  
8169 San Jacinto Avenue

83

84 City  
North Port

FL 85 Zip Code  
34287

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 *Emily Johnson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
2/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WILCOX, ELBERT L  
STREET ADDRESS 200 LA ROSAS  
CITY - ST - ZIP NORTH PORT FL

1.1 TITLE PD  Change  Addition  
1.2 NAME Johnson, Emily  
1.3 STREET ADDRESS 8169 San Jacinto Avenue  
1.4 CITY - ST - ZIP North Port, FL 34287

TITLE VD  DELETE  
NAME SANDERS, THOMAS  
STREET ADDRESS 25148 ROSAMOND COURT  
CITY - ST - ZIP PUNTA GORDA FL

2.1 TITLE VD  Change  Addition  
2.2 NAME Timothy Baird  
2.3 STREET ADDRESS 4342 Hartsook Avenue  
2.4 CITY - ST - ZIP North Port, FL 34287

TITLE STD  DELETE  
NAME WILLIAMSON, M. R  
STREET ADDRESS 5330 MALAMIN ROAD  
CITY - ST - ZIP NORTH PORT FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

14. 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: *Emily Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17 - 1997

Date

Daytime Phone # 0064923

CR2E037 (9/96)