


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741273 (7)
 1. Corporation Name
ST. PAUL'S PRESBYTERIAN CHURCH, INC.



Principal Place of Business 5550 S SUMTER BLVD P O BOX 7138 NORTH PORT FL 34287	Mailing Address 5550 S SUMTER BLVD P O BOX 7138 NORTH PORT FL 34287
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3. Date Incorporated or Qualified
12/30/1977

4. FEI Number 59-1589298	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**JOHNSON, EMILY
8169 SANJACINTO AVENUE
NORTH PORT FL 34287**

10. Name and Address of New Registered Agent

81 Name Timothy Baird	
82 Street Address (P.O. Box Number Is Not Acceptable) 4342 Hartsook Avenue	
83 North Port, FL 34287	
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: *Timothy C. Baird* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JOHNSON, EMIL	1.1 TITLE	PD
NAME		1.2 NAME	Baird, Timothy
STREET ADDRESS	8169 SAN JACINTO AVENUE	1.3 STREET ADDRESS	4342 Hartsook Avenue
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	VD	2.1 TITLE	VD
NAME	BAIRD, TIMOTHY	2.2 NAME	Miles, Joseph L.
STREET ADDRESS	4342 HARTSOOK AVENUE	2.3 STREET ADDRESS	6653 Elmwood Road
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	STD	3.1 TITLE	same
NAME	WILLIAMSON, M. R	3.2 NAME	
STREET ADDRESS	5330 MALAMIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Timothy Baird*

1-29-98

CP2E037 (10/97)