


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90159 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741273**

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1977
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number -59-1589298
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BAIRD, TIMOTHY 4342 HARTSOOK AVE NORTH PORT FL 34287		81. Name	Joseph Miles 6653 Elmwood Dr. North Port, FL 34287	
		82. Street Address (P.O. Box Number Is Not Acceptable)		
		83. 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: *Joseph L. Miles* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	<del>RD</del> PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, TIMOTHY	1.2 NAME	Joseph Miles
STREET ADDRESS	4342 HARTSOOK AVE	1.3 STREET ADDRESS	6653 Elmwood Dr.
CITY-ST-ZIP	NORTH PORT FL 34287	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	VS	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, TIMOTHY	2.2 NAME	Oliver Kortjohn
STREET ADDRESS	4342 HARTSOOK AVENUE	2.3 STREET ADDRESS	530 San Clemente Cir.
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	STD	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, M. R.	3.2 NAME	Linda Wiseman
STREET ADDRESS	5330 MALAMIN ROAD	3.3 STREET ADDRESS	1550 S. Biscayne Dr.
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, JOSEPH L	4.2 NAME	
STREET ADDRESS	6653 ELMWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Linda Wiseman Treasurer* 3/10/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)