

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:19

DOCUMENT # 742632 (3)
1. Corporation Name

PRESBYTERIAN HOMES OF TAMPA, INC.

Principal Place of Business Mailing Address
1051 2ND AVENUE NORTH 4033 S MANHATTAN AVE
ST. PETERSBURG FL 33705 TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1978 3a. Date of Last Report 02/15/1994
4. FEI Number 59-2001439 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 4033 S. Manhattan Ave 26 1651 2nd Ave. No.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa, FL 28 St. Petersburg, FL
Zip Country Zip Country
24 33611 25 US 29 33705 30 US

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

9. Name and Address of Current Registered Agent
MCKAY, CLIFFORD A JR
1051 2ND AVENUE N.
ST. PETERSBURG FL 33705
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MARSHALL, ROY W	1.2 NAME	Elizabeth A. Zable
STREET ADDRESS	4904 SAN NICHOLAS ST	1.3 STREET ADDRESS	5620 Halfmoon Lk. Rd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	D	2.1 TITLE	N/D
NAME	EWALT, FLOYD W	2.2 NAME	
STREET ADDRESS	1528 SPRINGWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ROLLESTONE, JIM	3.2 NAME	
STREET ADDRESS	5315 BOW LINE BEND	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	ALBERTS, HENK	4.2 NAME	
STREET ADDRESS	10911 CARROLLWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S
NAME	CLARK, HAROLD	5.2 NAME	Laura Miller
STREET ADDRESS	7081 CEDARHURST DR	5.3 STREET ADDRESS	390 Washington Ct.
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	Fort. Myers Beach, FL 33931
TITLE	DAS	6.1 TITLE	
NAME	NEWMAN, PARTICIA	6.2 NAME	
STREET ADDRESS	2517 7TH ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG 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 110.07(3)(H), Florida Statutes. I further certify that the information included 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, 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: *Particia A. Newman* 1-26-95 813-893-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)