

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 09 1997 8:00am
Secretary of State**DOCUMENT # 742632 (3)**

1. Corporation Name

PRESBYTERIAN HOMES OF TAMPA, INC.

Principal Place of Business

Mailing Address

**4033 S MANHATTAN AVE
TAMPA FL 33611
US****1051 2ND AVE N
ST PETERSBURG FL 33705-1563
US**

3. Date Incorporated or Qualified

05/02/1978

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKAY, CLIFFORD A JR
1051 2ND AVENUE N.
ST. PETERSBURG FL 33705****81 Name
Thomas Ahrenholz****82 Street Address (P.O. Box Number is Not Acceptable)
1051 Second Avenue No.****83****84 City
St. Petersburg****FL****85 Zip Code
33705**

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

3/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE**ZABLE, ELIZABETH A
5620 HALFMOON LK RD
TAMPA FL**1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE**EWALT, FLOYD W
1528 SPRINGWOOD DR
SARASOTA, FL 00000**2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE**ROLLESTONE, JIM
5315 BOW LINE BEND
NEW PT RICHEY FL**3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE**ALBERTS, HENK
10911 CARROLLWOOD DR
TAMPA FL**4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE**MILLER, LAURA
390 WASHINGTON CT
FT MYERS FL**5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **DAS** ☒ DELETE**NEWMAN, PARTICIA
2517 7TH ST N
ST. PETERSBURG FL**6.1 TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050085

Floyd W. Ewalt **3-20-97** **813-894-0368**

CR2E037 (9/96)