

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90163 034 \*\*\*\*61.25

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**DOCUMENT # 742632**

1. Corporation Name

**PRESBYTERIAN HOMES OF TAMPA, INC.**

Principal Place of Business

**4033 S MANHATTAN AVE  
TAMPA FL 33611  
US**

Mailing Address

**1051 2ND AVE N  
ST PETERSBURG FL 33705  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/02/1978**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2001439**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AHRENHOLZ, THOMAS  
1051 SECOND AVE. NO.  
ST. PETERSBURG FL 33705**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **ZABLE, ELIZABETH A**  
STREET ADDRESS **5620 HALFMOON LK RD**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE  
NAME **EWALT, FLOYD W**  
STREET ADDRESS **1528 SPRINGWOOD DR**  
CITY-ST-ZIP **SARASOTA, FL 00000**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **montwid, Ron**  
2.3 STREET ADDRESS **2414 Coventry Ave.**  
2.4 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **TD** ☐ DELETE  
NAME **ROLLESTONE, JIM**  
STREET ADDRESS **5315 BOW LINE BEND**  
CITY-ST-ZIP **NEW PT RICHEY FL**

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

TITLE **DVP** ☐ DELETE  
NAME **ALBERTS, HENK**  
STREET ADDRESS **10911 CARROLLWOOD DR**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **S** ☐ DELETE  
NAME **MILLER, LAURA**  
STREET ADDRESS **390 WASHINGTON CT**  
CITY-ST-ZIP **FT MYERS FL**

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

TITLE **DAS** ☐ DELETE  
NAME **DAVIES, IDRIS**  
STREET ADDRESS **2084 MASACHUSETTS AVE. N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: **Elizabeth Zable** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/99**  
Date

**727-894-0368**  
Daytime Phone #

CR2E037 (11/98)