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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 747734 (2)

THE SYNOD OF SOUTH ATLANTIC, PRESBYTERIAN CHURCH (U.S.A.), INC.

Principal Place	of Business	Mailing Address	Mailing Address			T 1884AT 1880J DIBIT 1880E JIHT DIBI BIRIH BIDIL BIRIT DIBIT DIBIT DIBIT DIBIT DIBIT DIBIT DIBIT		
	ONROE STREET	118 EAST MONROE STREET JACKSONVILLE FL 32202-3214						
JACKSONVILLE FL 32202-3214 US		US					·····	
•		•				3. Date Incorporated or Qualified 06/19/1979	3a. Date of La 03/20	ast Report 0/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	26			59-1092201 Not Applicable		
Suite, Apt. (#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	1 1 '	75 Additional se Required
City & State	•	City & State	¬ '			6. Election Campaign Financing		.00 May Be
23	0	28	Ι			Trust Fund Contribution	70	Ided to Fees
Zip 24	Country 25	Ζφ 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered Agent	
			[1	81	Name			
BARTHOLOMEW, JOHN, N			ļ.	82	Street Add	iress (P.O. Box Number is Not Acceptable	e)	
	st monroe street Dnyille fl 32202		-	83				
or lortor	STATELE TE OLEVE		-	84	City		85	Zip Code
					U.1,		FL "	
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz ion 617.0503, Florida Statutes	ed by the co	re-na orpo	amed corpo oration's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	iose of changing if ntment as register	ts registered office red agent. I am
	Signature, typied or printed name of registered agent	 		Agent	signature require	art which reinstanting)	DATE	70101110
12.	OFFICERS AN		13.		T	ADDITIONS/CHANGES TO OFFI		
TIT.E	D DIOE REVIN	DELETE	11][7]				Chang	ge 🛗 Addition
NAME	PRICE, KEVIN		1.2 NAI					
STREET ADDRESS	P.O. BOX 1417 N/A			TREET ADDRESS				
C(TY - ST - Z(P	GAINESVILLE FL	14 CITY-ST-ZIP				Chang	ge 🔲 Addition	
TITLE	CLIANIC EDICAL	21 TITLE				LI GIIANÇ	ge	
NAME CIOSSI ADORSOS	CHAVIS, ERIC N.			2 2 NAME				
STREET ADDRESS	118 E MONROE ST JACKSONVILLE FL		2.3 STREET ADDRESS					
CITY ST-ZIF	D D		2 4 CITY - ST - ZIP 3 1 TITLE				Chang	ge
NAME	DUNLAP, THORNWELL JR.		3 2 NAME					go [_] Addition
STREET ADDRESS	124 RUTLEDGE ROAD				ADDRESS			
CITY-ST-ZIP	GREENWOOD SC		3.4. CI		1			
TITLE	D DELETE		4 1 TITE				Chance	ge 🔲 Addition
NAME	COOKE, A. HAMILTON	_	4. 2 NA					_
STREET ADDRESS	1301 RIVERPLACE BOULEVA	ARD, SUITE 2254	43516	REEL	ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL	,	4 4 CIT					
TITLE		DELETE	5 1 TITI				Chan	ge 🔲 Addition
NAMÉ			5 2 NA	ME				
STREET ADDRESS			5 3 STA	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y - \$T	- ZIP			
TITLE	☐ DELETE		61717				Chan	ge 🔲 Add tion
NAME			6 2 NA	ME				
STREET ADDRESS			6 3 STF	REET	ADDRESS			
CITY-ST-ZIP			6 4 CIT					
certify that oath; that	t the information indicated on this anni	ual report or supplemental ann pration or the receiver or truste	nual report is se empowers	true	e and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the t lis report as required by Chapter 617, Flo	same legal effect a	as if made under

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 FEBRUARY 1994

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