

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90055 039 ****61.25

0003817

DOCUMENT # 747734

1. Corporation Name

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

Principal Place of Business
118 EAST MONROE STREET
JACKSONVILLE FL 32202-3214
US

Mailing Address
118 EAST MONROE STREET
JACKSONVILLE FL 32202-3214
US

90981 - 90055 - 39



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/19/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1092201

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTHOLOMEW, JOHN, N
118 EAST MONROE STREET
JACKSONVILLE FL 32202**

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

John Niles Bartholomew

1/5/99

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 **PT** ☐ DELETE
NAME **DUNLAP, THORWELL JR**
STREET ADDRESS **124 RUTLEDGE RD**
CITY-ST-ZIP **GREENWOOD SC 29646**

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

TITLE **T** ☐ DELETE
NAME **COLLIER, H. DAVIS**
STREET ADDRESS **50 N LAURA ST., SUITE 3700**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PRICE, KEVIN**
STREET ADDRESS **P.O BOX 1417 N/A**
CITY-ST-ZIP **GAINESVILLE GA**

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

TITLE **D** ☐ DELETE
NAME **COOKE, A. HAMILTON**
STREET ADDRESS **1301 RIVERPLACE BOULEVARD, SUITE 2254**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
John Niles Bartholomew

1/5/99

(904) 356-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)