FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCU 1. Corporation	MENT # /66093	3 (9)						
MAYPORT PRESBYTERIAN CHURCH, INC.								
	•							
Principal Place of Business Mailing		Mailing Address	ailing Address		- 1000010000000000000000000000000000000		li dibii dibii iddi	
1349 BROAD ST 1349 BROAD ST						2 Data language and an Outliffe of		
MAYPORT FL 32233 MAYPORT FL 32233						3. Date Incorporated or Qualified 12/13/1982		
						4. FEI Number		Applied For
2. Principal F	Place of Business	2a. Mailing Address				59-2333029		Not Applicable
21 1300 Palmer St 26 1300 Palm		r St			5. Certificate of Status Desired	,	5 Additional Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing		0 May Be
22 MACCHES = F5 = 32233 27 MACCHES City & State		27 Mapport=FL City & State	:=FL=32233			Trust Fund Contribution		d to Fees
23 Mayport FL 28 M		1221	Mayport FL		7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country Zip		L Zip	Country			8. This corporation owes or has paid the		
24 32233 25 Duval 29 3223 :			30 Dy:	val_		Personal Property Tax due June 30, 10. Name and Address of New Registers	Yes	∐ No
				1 Name	9			
WILLIAMS, BETTY L.			8	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
109 NORTH STREET NEPTUNE BCH. FL 32233			8	3				
112,101	AL POIL I L OFFOO		L	<u> </u>				
			В	1 7		F	·L	ip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statute of Florida. Such change was a	s, the about horized	ve-name by the co	d corpo	pration submits this statement for the purpose on's board of directors. I hereby accept the a	e of changing	g its registered as registered
agentita I	im familiar with, and accept the obligat	ions of, Section 617.0503, Flor	rida Statut	es.			- '	
SIGNATURE	Signature, typed or printed name of registered agoni		: Registered A	gent signatu	re required	d when reinstaling) DAT		
12.	OFFICERS AND DIRECTORS		13.	Р.		ADDITIONS/CHANGES TO OFFICERS A		
NAME	FISHER, DAVID J			1.1 TITLE FR.		ANTZ, DOREEN E.	Chang	ge 🔲 Addition
STREET ADDRESS	4000 DIDALHE DADIL OF					43 EIGHTH ST, DO.		
CITY-ST-ZIP	MAYDOOT EL			1.4 CITY-ST-ZIP JA		CKSONVILLE BEACH, FI	3225	0
TITLE	V	DELETE 2.11			·			e Addition
NAME			2.2 NAM					
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL			-ST-ZIP				
TITLE	8 MAILLANG DETTO I	DELETÉ	3.1 TITLE				Change	je 🔲 Addition
NAME	WILLIAMS, BETTY L. 109 NORTH STREET		3.2 NAN					
STREET ADDRESS	NEPTUNE BCH. FL			T ADDRESS				
CITY-ST-ZIP TITLE	D	☐ DELETE	3.4. CITY 4.1 TITLE		+		☐ Change	e Addition
NAME	TILLOTSON, LOIS		4. 2 NAME				Onange	· LI ROGINON
STREET ADDRESS	1407 FERRIS ST		4.3 STREET ADDRESS					
CITY-ST-ZIP	MAYPORT FL		4.4 CITY					
TITLE	D	☐ DELETE	5.1 TITLE		1		☐ Change	e Addition
NAME	COOPER, CASPER PACK		5.2 NAME					
STREET ADDRESS			5.3 STREE	t address				
CITY-ST-ZIP	MAYPORT FL			ST-ZIP				
TITLE			6.1 THILE		D		X Change	e 🔲 Addition
NAME	4000 DIDALH T DADIZ OT		6.2 NAME		SP	RAGUE, STEPHEN		
STREET ADDRESS	S 4030 RIDAULT PARK ST		6.3 STREE	T ADDRESS	5 ;	STARFÍSH PL.		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.7(3)(1). Find a 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 cath; 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.

Aug 20 1998 8:00am

Secretary of State