

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
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90014 034 ****61.25

DOCUMENT # 766093

1. Corporation Name

MAYPORT PRESBYTERIAN CHURCH, INC.

Principal Place of Business

1300 PALMER DR
MAYPORT FL 32233
US

Mailing Address

1300 PALMER STREET
MAYPORT FL 32233
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/13/1982

4. FEI Number

59-2333029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, BETTY L.
109 NORTH STREET
NEPTUNE BCH. FL 32233

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME FRANTZ, DOREEN E
STREET ADDRESS 1643 EIGHTH STREET
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE V ☐ DELETE

NAME MCHENDRY, RUTH
STREET ADDRESS 207 COQUINA AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE S ☐ DELETE

NAME WILLIAMS, BETTY L.
STREET ADDRESS 109 NORTH STREET
CITY-ST-ZIP NEPTUNE BCH. FL

TITLE D ☐ DELETE

NAME TILLOTSON, LOIS
STREET ADDRESS 1407 FERRIS ST
CITY-ST-ZIP MAYPORT FL

TITLE D ☐ DELETE

NAME COOPER, CASPER PACK
STREET ADDRESS 4654 RIBAUT PARK STREET
CITY-ST-ZIP MAYPORT FL

TITLE D ☐ DELETE

NAME SPRAGUE, STEPHEN
STREET ADDRESS 5 STARFISH PL.
CITY-ST-ZIP PONTEVEDRA BEACH FL 32082

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
BOTHWELL, CLARA M.
2026 TENTH ST NORTH
JACKSONVILLE, FL 32250

D
JONES, JOYCE
2223 ASPEN RIDGE CT
JACKSONVILLE, FL 32233

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] (904) 249-4582
DATE Daytime Phone #

CR2E037 (11/98)

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