

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 771118 (7)
1. Corporation Name
THE FOUNDATION FOR THE CHURCH OF THE PALMS - PRE SBYTERIAN (U.S.A.), INC.



Principal Place of Business Mailing Address
~~JOHNSON & SAVARY~~
~~1671 S. DR.~~
~~SARASOTA FL 34239~~
~~JOHNSON S SAVARY~~
~~1671 S. DR.~~
~~SARASOTA FL 34239~~

3. Date Incorporated or Qualified **11/07/1983** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 **3224 Bee Ridge Road** 25 **3224 Bee Ridge Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2434393** Applied For Not Applicable

22 City & State 27 City & State
23 **Sarasota, FL** 28 **Sarasota, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **34239** 25 Country **USA** 29 Zip **34239** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVARY, JOHNSON S.
240 SO PINEAPPLE AVE
SARASOTA FL 34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	BP D	<input type="checkbox"/> DELETE
NAME	DART, JOHN	
STREET ADDRESS	1549 RINGLING BLVD., #600	
CITY - ST - ZIP	SARASOTA FL	
TITLE	6B PD	<input type="checkbox"/> DELETE
NAME	MILLER, BRIAN Y	
STREET ADDRESS	1950 LANDINGS BLVD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEETZOW, LEONARD E	
STREET ADDRESS	7007 CLARK RD	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MURPHY, FRED	
STREET ADDRESS	3310 BOUGAINVILLEA ST.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEENAN, JEAN	
STREET ADDRESS	5860 MIDNIGHT PASS RD.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAVARY, JOHNSON S	
STREET ADDRESS	1671 SOUTH DRIVE	
CITY - ST - ZIP	SARASOTA FL	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Scott Merritt	
13 STREET ADDRESS	4711 Meadowview Circle	
14 CITY - ST - ZIP	Sarasota, FL 34233	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert Geyer	
23 STREET ADDRESS	1526 Harbour Drive	
24 CITY - ST - ZIP	Sarasota, FL 34239	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John D. Dart* 1/24/96 941-365-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)