

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12689** (8)
1. Corporation Name
THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.

Principal Place of Business Mailing Address
% PETER BOYD THOMPSON **% PETER BOYD THOMPSON**
4651 LITTLE ROAD **4651 LITTLE ROAD**
NEW PORT RICHEY FL 34655-8329 **NEW PORT RICHEY FL 34655-8329**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/20/1985** 3a. Date of Last Report **06/16/1994**
4. FEI Number **59-2594925** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, PETER BOYD
4651 LITTLE ROAD
NEW PORT RICHEY FL 34655

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD**
NAME **ROLLESTONE, JIM**
STREET ADDRESS **5315 BOWLINE BEND**
CITY-ST-ZIP **NEW PORT RICHEY FL**
TITLE **VD**
NAME **CHAMERLAIN, JOHN J**
STREET ADDRESS **4575 WHITTON WAY #1133**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**
TITLE **S**
NAME **DANIELS, DIANE**
STREET ADDRESS **8808 BRIAR PATCH DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**
TITLE **PD**
NAME **SEBRING, MARJORIE M**
STREET ADDRESS **4902 CATHEDRAL COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **TD** ☒ Change ☐ Addition
12 NAME **BERGER, GINGER**
13 STREET ADDRESS **5320 MERKIN PLACE**
14 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**
21 TITLE **VD** ☒ Change ☐ Addition
22 NAME **TENNYSON, WALTER L**
23 STREET ADDRESS **1538 HAVERHILL CT**
24 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**
31 TITLE **S** ☒ Change ☐ Addition
32 NAME **BERGER, GINGER**
33 STREET ADDRESS **5320 MERKIN PLACE**
34 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 addressee.

SIGNATURE:

Marjorie M. Sebring
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
MARJORIE M. SEBRING

2/20/95
DATE

813-376-1064
TELEPHONE #