

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12689** (8)  
1. Corporation Name  
**THE PRESBYTERIAN CHURCH OF SEVEN SPRINGS, INC.**



Principal Place of Business <b>% PETER BOYD THOMPSON 4651 LITTLE ROAD NEW PORT RICHEY FL 34655-8329</b>	Mailing Address <b>% PETER BOYD THOMPSON 4651 LITTLE ROAD NEW PORT RICHEY FL 34655-1329</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/20/1985</b>	3a. Date of Last Report <b>08/12/1996</b>
				4. FEI Number <b>59-2594925</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMPSON, PETER BOYD 4651 LITTLE ROAD NEW PORT RICHEY FL 34655</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	<b>TD</b>	1.1 TITLE	<b>TD</b>
NAME	<b>BERGER, GINGER</b>	1.2 NAME	<b>HOOCK, ROBERT</b>
STREET ADDRESS	<b>5320 MERKIN PLACE</b>	1.3 STREET ADDRESS	<b>4710 JERRILYN COURT</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	1.4 CITY - ST - ZIP	<b>NEW PORT RICHEY, FL 34653-6724</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b>
NAME	<b>TENNYSON, WALTER L</b>	2.2 NAME	<b>KELSEY, JAMES L</b>
STREET ADDRESS	<b>1538 HAVERHILL CT</b>	2.3 STREET ADDRESS	<b>7602 JENNER AVENUE</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34655-3226</b>
TITLE	<b>S</b>	3.1 TITLE	<b>S</b>
NAME	<b>BERGER, GINGER</b>	3.2 NAME	<b>HAMES, RITA</b>
STREET ADDRESS	<b>5320 MERKIN PLACE</b>	3.3 STREET ADDRESS	<b>9315 STONEWALL LANE</b>
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<b>PD</b>	4.1 TITLE	
NAME	<b>WELLING, RONALD G.</b>	4.2 NAME	
STREET ADDRESS	<b>122032 BEAR CLAW LOOP</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAYONET PT FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

Ronald G. Welling, President

*Ronald G. Welling*

CR2E037 (9/96)