


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 % PETER BOYD THOMPSON 4651 LITTLE ROAD NEW PORT RICHEY FL 34655-8329		Mailing Address % PETER BOYD THOMPSON 4651 LITTLE ROAD NEW PORT RICHEY FL 34655-8329		3. Date Incorporated or Qualified 12/20/1985
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2594925 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No ??

9. Name and Address of Current Registered Agent THOMPSON, PETER BOYD 4651 LITTLE ROAD NEW PORT RICHEY FL 34655		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	
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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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOCK, ROBERT	1.2 NAME	
STREET ADDRESS	4710 JERRILYN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 24	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, JAMES L.	2.2 NAME	HOUSE, CAROL A.
STREET ADDRESS	7602 JENNER AVE.	2.3 STREET ADDRESS	1235 Vardan Court
CITY-ST-ZIP	NEW PRT RICHEY FL 26	2.4 CITY-ST-ZIP	New Port Richey, FL 34655-4644
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMES, RITA	3.2 NAME	KIMBROUGH, TANIA M.
STREET ADDRESS	9315 STONEWALL LANE	3.3 STREET ADDRESS	2210 Ground Squirrel Drive
CITY-ST-ZIP	NEW PRT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34655-4028
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLING, RONALD G.	4.2 NAME	KELSEY, JAMES L.
STREET ADDRESS	122032 BEAR CLAW LOOP	4.3 STREET ADDRESS	7602 Jenner Avenue
CITY-ST-ZIP	BAYONET PT FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34655-3226
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Robert F. Hock, Treasurer** *[Signature]* **2/17/98 (813) 372-7416**

CR2E037 (10/97)