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**Feb 26, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12689**

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



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

12/20/1985

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

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

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 ☐ DELETE

NAME TD  
 STREET ADDRESS HOOCK, ROBERT  
 CITY-ST-ZIP 4710 JERRILYN COURT  
 NEW PORT RICHEY FL 24

TITLE ☐ DELETE

NAME VD  
 STREET ADDRESS HOUSE, CAROL A.  
 CITY-ST-ZIP 1235 VARDAN COURT  
 NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME S  
 STREET ADDRESS KIMBROUGH, TANIA M.  
 CITY-ST-ZIP 2210 GROUND SQUIRREL DRIVE  
 NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME PD  
 STREET ADDRESS KELSEY, JAMES L.  
 CITY-ST-ZIP 7602 JENNER AVENUE  
 NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 VD  
 2.3 STREET ADDRESS GUNTER, MATTHEW  
 2.4 CITY-ST-ZIP 8731 Marigold Drive  
 New Port Richey, FL 34654-4851

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S  
 3.3 STREET ADDRESS HOUSE, CAROL A.  
 3.4 CITY-ST-ZIP 1235 Vardan Court  
 New Port Richey, FL 34655

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

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 REQUIRED**

Jan 24, 1999

(727)-372-7416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)