SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18963

(1)

## PALMA CEIA PRESBYTERIAN CHURCH OF TAMPA, FLORIDA , INC.

FILED Aug 12 1998 8:00am Secretary of State



Principal Plac		Malling Address					
% CHARLES L. GREENWOOD 3501 SAN JOSE STREET TAMPA FL 33629		% Charles L. Greenwood 3501 San Jose Street Tampa Fl 33629		3. Date Incorporated or Qualified			
					01/28/1987		
IMMEN EL SO	059	IVMLV LE SYNES			4. FEI Number		Applied For
				<u></u>	59-0767700		Not Applicabl
2. Principal Place of Business 21 % John T. DeBevoise		2a. Mailing Address 26 % John T. De Bevoise		5. Certificate of Status Desired		75 Additional e Required	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		6. Election Campaign Financing	\$5.0	00 May Be	
2		27			Trust Fund Contribution		ed to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  Yes No			
Z(p	Country	Zip	Country		8. This corporation owes or has paid		r Intangible
4	25		30		Personal Property Tax due June 3		NO NO
	9. Name and Address of Curren	r Kaālaratau vāgur	81	Name	10. Name and Address of New Reg	istered Agent	
			"	Name			
	E, JOHN T.	82 Stree		Street Addr	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL	JOSE STREET		83	<del></del>			
IAMPA FL	. 33029						
			84	City		FL 85	Zip Code
id Dames and A	to the annutations of each are 647 0500 a		100 000 000		ation submits this statement for the purpos		
office or re	egistered agent, or both, in the State of	' Florida. Such change was aut	horized by the	corporation	n's board of directors. I hereby accept the	appointment as	registered
agent. I ar	m familiar with, and accept the obligation	ons of, section 617.0503, Florid	da Statutes.				
SIGNATURE							
		4 Mai - M D 12 - 20 10 1	rr. Danist d 4		Jane di Indiana di Amerikana di	DATE	<del></del>
2	Signature, typed or printed name of registered agent	<u></u>		nt signature requ	uired when reinstating)	DATE	CTODE IN 12
	OFFICERS AN	DIRECTORS	13.	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Destine Phone