2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT# N18963

1. EntityName
PALMACEIAPRESBYTERIANCHURCHOFTAMPA, FLORIDA,INC.

PrincipalPlaceofBusiness	MailingAddress
3501 SAN JOSE STREET TAMPA, FL 33629 US	3501 SAN JOSE STREET TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE

01052004 NoChg-NP CR2E037 (10/03)

4. FEINumber
59-0767700
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

DEBEVOISE,JOHNT.
3501SANJOSESTREET
TAMPA,FL33629

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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre installing)

Filing Fee is $61.25
Due by May 1, 2004

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

000000157598
05/06/04-80033-009 61.25

10. OFFICERSANDDIRECTORS

TITLE	PT
NAME	MCLEAN,WILLIAMC.
STREETADDRESS	3417ALMERIA
CITY-ST-ZIP	TAMPA,FL
TITLE	VP
NAME	MCLAUCHLIN,JAMESC.
STREETADDRESS	1502SHERIDANFORESTDR
CITY-ST-ZIP	TAMPA,FL
TITLE	ST
NAME	MILLER,RODGER
STREETADDRESS	1506SHERIDANFORESTDR
CITY-ST-ZIP	TAMPA,FL
TITLE	T
NAME	HART,DONALD
STREETADDRESS	4308BEACHWAYDR.
CITY-ST-ZIP	TAMPA,FL33609
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

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12. Ihereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C McLean Jr 4/05/04 (813) 253-6047
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#
WILLIAM C. MCLEAN, JR