FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # NO

1. Corporatio	T PRESBYTERIAN CHURCH	(2) , INC.			11. BB107 B1071 48072 11807 1817 1811
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
2900 MINNESOTA AVENUE 2900 MINNESOTA AVE Lynn haven fl 32444 Lynn haven fl 32444-48 US		ห			
ı I		US		3. Date Incorporated or Qualified 10/11/1993	4. Date of Last Report 04/22/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3169039	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z _I p	Country 25	Zip 29	Country 30	8. This corporation has liability for intan- Florida Statutes	gible tax under s. 199.032, s 🔼 No
<u></u>	9. Name and Address of Curre		1001	10. Name and Address of New Registe	
			B1 Name		
ASHBROOK, JOSEPH			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2424 JENKS AVENUE			63		
PANAMA	CITY FL 32405		63		
			84 City		FL 65 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	ites, the above-named cor		
office or i agent 1 a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida Such change was gations of, Section 617.0503, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		•			
	Signature, lyped or printed name of registered a		TE: Registered Agent signature requ		AND DIDECTORS IN 12
12.	D OFFICERS A	ND DIRECTORS DELETE	13, 1.1 Title	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ASHBROOK, JOSEPH	<u> </u>	1.2 NAME		
STREET ADDRESS	2704 COUNTRY CLUB DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	WRIGHT, JOHN		2.2 NAME		
STREET ADDRESS	P.O. BOX 1667 N/A	1.P.A	2.3 STREET ADDRESS		
CITY - S1 - ZIP TIYLE	SANTA ROSA BEACH FL 324	IS9 DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	REYNOLDS, TOM	C pertit	3.2 NAME		The annual of th
STREET ADDRESS	3015 LAWTON COURT		3.3 STREET ADDRESS		
CITY-\$1-ZIP	PANAMA CITY FL 32405		3.4. CITY-ST-ZIP		
TILLE		☐ DELETE	4.1 TITLE	· ·	Change Addition
NAME	}		4. 2 NAME		
STREET ADDRESS	}		4.3 STREET ADDRESS	•	
CITY-ST-7IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	1		1 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	}	LJ VILLIL	6.2 NAME	:	FT SHEWAY FT LACTION
CIDELL VUUDESS			6.2 MAMIE 6.3 STREET ADINDESS		

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.

SIGNATURE:

FILED

Apr 11 1997 8:00am

Secretary of State

904-769-5215 Daytime Phone *0010144