## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997

**TAMPA FL 33613** 

CARROLL, MERLE

**LUTZ FL 33549** 

EURTON, MIKE

**1008 HASTINGS COURT** 

222 BALL PARK DRIVE

SEFFNER FL 33584

MCCOY, RAYMOND

SEFFNER FL 33584

MEARS, TERRY

LUTZ FL 33549

2414 KINGSWAY ROAD

**18504 SUNWARD LAKE PLACE** 

SD

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE

NAME

TITLE

NAME

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 20 1997 8:00am

Secretary of State

Change

Change

☐ Change

Change

Addition

Addition

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001013 (1)

PRESBYTERIAN TRANSPORTATION SERVICES, INC.

601 SUNSET LA LUTZ FL 33549		601 SUNSET LANE LUTZ FL 33549-3858					
					3. Date Incorporated or Qualified 02/25/1994	3a. Date of Last Report 11/08/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-3250684	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc. 27	:		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 30	Country	′	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ] Yes 🏻 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
TETLOW, ALFRED J 600 MADISON ST. TAMPA FL 33602				82 Streel Address (P.O. Box Number is Not Acceptable)			
							83
				INVIEN	L 33002		
			84	,		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statutes, of Florida. Such change was auth ations of, Section 617.0503, Florid	the abov orized b a Statute	e-named c y the corpo s.	orporation submits this statement for the poralion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered age		egistered Ag	ent signature re	equired when reinstating)	DATE	
			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	Friskney, Robert		1.2 NAME				
STREET ADDRESS	1903 LAKEVIEW AVE.		1.\$ STREET	ADDRESS			
CITY-ST-ZIP	SEFFNER FL 33584		1.4 CiTY-5	ST-ZIP			
TITLE	VD	☐ DELETE	21 TITLE			Change Addition	
NAME	CLINE, MARK		22 NAME				
STREET ANDRESS	14823 LAKE MAGDALENE CIE	ici e	- 4	**************************************			

2. A CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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

DELETE

DELETE

DELETE

DELETE