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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001013

1. Corporation Name

PRESBYTERIAN TRANSPORTATION SERVICES, INC.

Principal Place of Business

601 SUNSET LANE
LUTZ FL 33549

Mailing Address

601 SUNSET LANE
LUTZ FL 33549



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/25/1994

22 City & State

27 City & State

4. FEI Number
59-3250684

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TETLOW, ALFRED J
600 MADISON ST.
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME CARROLL, MERLE
STREET ADDRESS 1008 HASTINGS COURT
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P.D. ANDERSON KERRY
1.3 STREET ADDRESS 18230 CYPRESS COV RD.
1.4 CITY-ST-ZIP LUTZ, FL 33549

TITLE TD ☒ DELETE
NAME CLINE, MARK
STREET ADDRESS 502 RUNNING HORSE ROAD
CITY-ST-ZIP SEFFNER FL 33584

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Wayne Doyle
2.3 STREET ADDRESS 502 Running Horse Road
2.4 CITY-ST-ZIP Seffner, FL 33584

TITLE SD ☒ DELETE
NAME CARROLL, MERLE
STREET ADDRESS 1008 HASTINGS COURT
CITY-ST-ZIP LUTZ FL 33549

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME TD Mark Cline
3.3 STREET ADDRESS 14623 Lake Magdalene Cir
3.4 CITY-ST-ZIP Tampa, FL 33613

TITLE VD ☐ DELETE
NAME MOSELEY, ED
STREET ADDRESS 1825 KIM ACRES LANE
CITY-ST-ZIP DOVER FL 33527

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MILLER, DERIC
STREET ADDRESS 526 NORTH HIGHVIEW CIR
CITY-ST-ZIP BRANDON FL 33510

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MEARS, TERRY
STREET ADDRESS 18504 SUNWARD LAKE PLACE
CITY-ST-ZIP LUTZ FL 33549

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:

Mark Cline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 832094252
Date Daytime Phone #

CR2E037 (1/1/98)