

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001130 (3)**

1. Corporation Name

**PALM GROVE REFORMED CHURCH OF HOLIDAY, INC.**



Principal Place of Business

Mailing Address

% ~~LARRY L. THOMAS~~ **HAROLD E. BROWN**  
3102 U.S. 19 NORTH  
HOLIDAY FL 34691

% ~~LARRY L. THOMAS~~ **HAROLD E. BROWN**  
3102 U.S. 19 NORTH  
HOLIDAY FL 34691

3. Date Incorporated or Qualified  
**03/01/1994**

3a. Date of Last Report  
**07/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-3275481**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, LARRY L**  
**3102 U.S. 19 NORTH**  
**HOLIDAY FL 34691**

81 Name

**HAROLD E. BROWN**

82 Street Address (P.O. Box Number is Not Acceptable)

**2945 WINDRIDGE DR**

83

84 City

**HOLIDAY**

FL

85 Zip Code

**34691**

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

**HAROLD E. BROWN, PRESIDENT**

*[Signature]*

**6-11-96**

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 **D J. C. E. PRESIDENT** ☐ DELETE  
NAME **THOMAS, LARRY L**  
STREET ADDRESS **2344 TAHITIAN DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

1.1 TITLE **REVEREND - PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **HAROLD E. BROWN**  
1.3 STREET ADDRESS **2945 WINDRIDGE DR.**  
1.4 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ DELETE  
NAME **IAMS, THOMAS L**  
STREET ADDRESS **4136 WESTWOOD DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34691**

2.1 TITLE **MARK DANK** ☐ Change ☒ Addition  
2.2 NAME **MARK DANK**  
2.3 STREET ADDRESS **225 N DISSTON AVE**  
2.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ DELETE  
NAME **HILDEBRANDT, ARTHUR T**  
STREET ADDRESS **1110 GRAND BLVD.**  
CITY-ST-ZIP **HOLIDAY FL 34691**

3.1 TITLE **ROD KUIPER** ☐ Change ☒ Addition  
3.2 NAME **ROD KUIPER**  
3.3 STREET ADDRESS **5610 BARBQUE DR.**  
3.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **D** ☐ DELETE  
NAME **BACKER, TERRACE R**  
STREET ADDRESS **6219 HALIFAX DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

TITLE **D** ☐ DELETE  
NAME **ROORDA, MILTON**  
STREET ADDRESS **P.O. BOX 563**  
CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HAROLD E. BROWN**

Date

**6-11-96 (813) 938-4600**

Daytime Phone #

CR2E037 (3/96)