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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moitham
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

C/O BROWN, HAROLD E
3102 U.S. 19 NORTH
HOLIDAY FL 34691
US

C/O BROWN, HAROLD E
3102 U.S. 19 NORTH
HOLIDAY FL 34691-1842
US

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

BROWN, HAROLD E
2943 WINDRIDGE DR
HOLIDAY FL 34691

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 DVP
NAME THOMAS, LARRY L
STREET ADDRESS 2344 TAHITIAN DRIVE
CITY-ST-ZIP HOLIDAY FL ☒ DELETE

1.1 TITLE (D) RODNEY KUIPER ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 5610 BAROQUE DR.
1.4 CITY-ST-ZIP Holiday, FL 34667

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

2.1 TITLE (D) MARJORIE HOFFMAN ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 39820 - 150 U.S. 19
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE RP
NAME BROWN, HAROLD E
STREET ADDRESS 2943 WINDRIDGE DR
CITY-ST-ZIP HOLIDAY FL ☐ DELETE

3.1 TITLE (D) BERNARD MEYER ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 4430 FERIE DR.
3.4 CITY-ST-ZIP NEWPORT RICHEY, FL 34652

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

4.1 TITLE (D) ART HIDEBRANDT ☐ Change ☒ Addition
4.2 NAME DVP
4.3 STREET ADDRESS 1110 GRAND BLVD
4.4 CITY-ST-ZIP Holiday, FL 34690

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

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

TITLE D
NAME DAANK, MARK
STREET ADDRESS 225 N DISSTON DR
CITY-ST-ZIP HOLIDAY FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Harold E. Brown* 2-5-97 (813) 938-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # 0069163

CR2E037 (9/96)