

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001130 (3)**

1. Corporation Name

PALM GROVE REFORMED CHURCH OF HOLIDAY, INC.



Principal Place of Business C/O BROWN, HAROLD E 3102 U.S. 19 NORTH HOLIDAY FL 34691 US	Mailing Address C/O BROWN, HAROLD E 3102 U.S. 19 NORTH HOLIDAY FL 34691 US
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3. Date Incorporated or Qualified 03/01/1994
4. FEI Number 59-3275481
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BROWN, HAROLD E 2943 WINDRIDGE DR HOLIDAY FL 34691
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 his 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUIPER, RODNEY	1.2 NAME	Arthur T. Hildebrandt
STREET ADDRESS	5610 BRAOQUE DR	1.3 STREET ADDRESS	1110 Grand Blvd.
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	Holiday, FL., 34690
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, MAJORIE	2.2 NAME	Richard Hoekstra
STREET ADDRESS	39820 150 US 19	2.3 STREET ADDRESS	2329 Chancery Drive
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Holiday, FL., 34690
TITLE	RP <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, HAROLD E	3.2 NAME	Larry Thomas
STREET ADDRESS	2943 WINDRIDGE DR	3.3 STREET ADDRESS	2344 Tahitian Dr
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday, FL., 34691
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKER, TERRACE R	4.2 NAME	Tom Iams
STREET ADDRESS	6219 HALIFAX DRIVE	4.3 STREET ADDRESS	4136 Westwood Dr.
CITY-ST-ZIP	NEW PORT RICHY FL	4.4 CITY-ST-ZIP	Holiday, FL., 34681
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROORDA, MILTON	5.2 NAME	C. Wm. Quinn
STREET ADDRESS	P.O. BOX 563 N/A	5.3 STREET ADDRESS	474 East Lake Drive
CITY-ST-ZIP	CRYSTAL BEACH FL	5.4 CITY-ST-ZIP	Tarpon Springs, FL., 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAANK, MARK	6.2 NAME	
STREET ADDRESS	225 N DISSTON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	6.4 CITY-ST-ZIP	

1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arthur T. Hildebrandt
1.3 STREET ADDRESS	1110 Grand Blvd.
1.4 CITY-ST-ZIP	Holiday, FL., 34690
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Hoekstra
2.3 STREET ADDRESS	2329 Chancery Drive
2.4 CITY-ST-ZIP	Holiday, FL., 34690
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Thomas
3.3 STREET ADDRESS	2344 Tahitian Dr
3.4 CITY-ST-ZIP	Holiday, FL., 34691
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom Iams
4.3 STREET ADDRESS	4136 Westwood Dr.
4.4 CITY-ST-ZIP	Holiday, FL., 34681
5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	C. Wm. Quinn
5.3 STREET ADDRESS	474 East Lake Drive
5.4 CITY-ST-ZIP	Tarpon Springs, FL., 34689
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **TREASURER** **J. H. SR** **813-938-4601**

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