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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N94000001130

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



2. Principal Place of Business

3102 U.S. 19 N.

2a. Mailing Address

3102 U.S. 19 N.

3. Date Incorporated or Qualified

03/01/1994

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-3275481

Applied For

Not Applicable

22. City & State

HOLIDAY FL

27. City & State

HOLIDAY FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23. Zip

34691

Country

USA

28. Zip

34691

Country

USA

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, HAROLD E  
2943 WINDRIDGE DR  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81. Name

DR ROBERT WIERENGA

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

3102 U.S. Hwy 19

83. 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 Rev Dr Robert Wierenga

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-99

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME HILDEBRANDT, ARTHUR T  
STREET ADDRESS 1110 GRAND BLVD  
CITY-ST-ZIP HOLIDAY FL 34690

☒ DELETE

TITLE D  
NAME HOFFMAN, MAJORIE  
STREET ADDRESS 39820 150 US 19  
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

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

☒ DELETE

TITLE D  
NAME IAMS, TOM  
STREET ADDRESS 4136 WESTWOOD DR  
CITY-ST-ZIP HOLIDAY FL 34681

☐ DELETE

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

☒ DELETE

TITLE SD  
NAME QUINN, C W  
STREET ADDRESS 474 E LAKE DR  
CITY-ST-ZIP TARPON SPGS FL 34689

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME LARRY L THOMAS  
1.3 STREET ADDRESS 2244 TAMIAM DR  
1.4 CITY-ST-ZIP HOLIDAY, FL 34691

☒ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE RP  
3.2 NAME DR ROBERT WIERENGA  
3.3 STREET ADDRESS 3102 US HWY 19  
3.4 CITY-ST-ZIP HOLIDAY FL 34691

☒ Change

☒ Addition

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

☐ Change

☐ Addition

5.1 TITLE Clerk  
5.2 NAME TERRY BACKER  
5.3 STREET ADDRESS 6218 HILGARD DRIVE  
5.4 CITY-ST-ZIP HOLIDAY, FL 34683

☒ Change

☒ Addition

6.1 TITLE D  
6.2 NAME ROD KUIPERS  
6.3 STREET ADDRESS 5610 BAROQUE DR  
6.4 CITY-ST-ZIP HOLIDAY, FL 34690

☒ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Larry L Thomas SIGNATURE REQUIRED: 1-19-99 727-937-6719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0086805

CR2E037 (1/198)