FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP

WILLIAMS, PATRICK V

819 DEAUVILLE CT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # N94000002885 (1)

PLEASANT HILL PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address SSOI W VINE ST NO 269 KIBSTUMEE FL 34741 P.O. BOX 422605 KISSIMMEE FL 34742-2605 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1994 07/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3079253 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **WILLIAMS, PATRICK V** 82 Street Address (P.O. Box Number is Not Acceptable) **3**501 W VINE ST NO 269 83 RISSIMMEE FL 34741 84 Zip Code 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 spent. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. DELETE Change Addition 1.1 TITLE TITLE B GILLETTE, RICHARD, M. 163 DURHAM CIA. DUBOIS,WILLIAM 1.2 NAME NAME DIOPOG-WOHGA, E 1615 SANDY OAK DRIVE 1.3 STREET ADDRESS STREET ADDRESS E KISSYMMBE, FL 34746 **DAVENPORT FL** CITY-81-ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE ☐ Addition TITLE **F**OSTER. ROBERT GRAY 2.2 NAME NAME 2630 HAWTHORNE LANE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP <u>Kissimmee fl</u> 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITL€ NUE YELEZ, WILFREDO 742 AMERICANA CT STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL 3.4. CITY - ST- ZIP **DELETE** Change Addition 4.1 TITLE TITLE ROGERS, LEONARD E NAME # 4. 2 NAME 906 GATESHEAD CT 4.3 STREET ADDRESS STREET ADDRESS <u>Kissimmee FL 34758</u> CITY-ST-ZIP 4.4 City-St-ZiP ☐ Change ☐ Addition 5.1 TITLE TITLE NAME WHITE, STEPHEN F 5.2 NAME STREET ADDRESS 437 WYOMING AVE 5.3 STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE anne '

6.2 NAME

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6.3 STREET ADDRESS

To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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 and the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed, or on an attachment with an address.