FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400002885 (1)

PLEASANT HILL PRESBYTERIAN CHURCH, INC.				
Principal Place of Business		Mailing Address		T I NOVINOU BIR SOUL OVER OBSIN ORDIN EDIN BOTH DEVIN ORDIN LISUR AND INVESTIGATION
3501 W VINE ST NO 269 KISSIMMEE FL 34741		P.O. BOX 422805 KISSIMMEE FL 34742 US		3. Date Incorporated or Qualified 06/10/1994 4. FEI Number 59-3079253 Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21		26	·	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28	· <u></u>	☐ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9 Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent 81 Name				10, Italia and Audiess of Ital Registered Agent
WILLIAMS, PATRICK V			82 Street Add	ress (P.O. Box Number is Not Acceptable)
3501 W VINE ST NO 260			Street Add	ress (F.O. Box Nomber Is Not Acceptable)
KISSIMMEE FL 34741			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes			s the above-named cove	
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 alignature required when reinstating) DATE				
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE 2	Change Addition
NAME STREET ADDRESS	DUBOIS, WILLIAM E 1615 SANDY OAK DRIVE		1.2 NAME 1.3 STREET ADDRESS	AN L AUTREY TWESTCHESTERST TWESTCHESTERST
CITY-ST-ZIP	DAVENPORT FL		1.4 CITY-ST-ZIP	TOUR WEE EN SADAR
TITLE	D DAVELS ON TE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, ROBERT GRAY		2.2 NAME	- · -
STREET ADDRESS	2630 HAWTHORNE LANE		2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VELEZ, WILFREDO		3.2 NAME	
STREET ADDRESS	742 AMERICANA CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	DELETE	3.4. CITY-ST-ZIP	
TITLE	D DIACTTE PIONAPO M	Utlett	4.1 TITLE	Change Addition
HAME	GILLETTE, RICHARD M		4. 2 NAME	
STREET ADDRESS	163 DURHAM CIR.		4.3 STREET ADDRESS	
TITLE	KISSIMMEE FL D	DELETE	5.1 TITLE	Change Addition
NAME	WILLIAMS, PATRICK V	_ vaca	5.2 NAME	C coming C modulon
STREET ADDRESS	619 DEAUVILLE CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758		5.4 CITY-ST-ZIP	
TITLE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.9 STREET ADDRESS	

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 informatio 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 chapted or on an attachment with each address.

SIGNATURE:

Workstrick V. Williams 4/30/98

E037 (10/97)

FILED

May 13 1998 8:00am

Secretary of State