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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90186 001 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N94000002885**

1. Corporation Name

**PLEASANT HILL PRESBYTERIAN CHURCH, INC.**

Principal Place of Business

Mailing Address

~~3501 W VINE ST NO 269~~  
~~KISSIMMEE FL 34741~~

~~P.O. BOX 122008~~  
~~KISSIMMEE FL 34742~~

**3250 Pleasant Hill Rd**  
**Kissimmee FL 34746**

**same**  
**US**



2. Principal Place of Business

2a. Mailing Address

**21 see above**

**2b see above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** **25** **WA**

**29** **30** **WA**

3. Date Incorporated or Qualified

**06/10/1994**

4. FEI Number

**59-3079253**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, PATRICK V**  
**3501 W VINE ST NO 269**  
**KISSIMMEE FL 34741**

**81** Name **Same**

**82** Street Address (P.O. Box Number is Not Acceptable) **3250 Pleasant Hill Road**

**83**

**84** City **Kissimmee**

**FL**

**85** Zip Code **34746**

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 **D** ☒ DELETE

NAME **DUBOIS, WILLIAM E**  
STREET ADDRESS **1615 SANDY OAK DRIVE**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **D** ☐ DELETE

NAME **FOSTER, ROBERT GRAY**  
STREET ADDRESS **2630 HAWTHORNE LANE**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☒ DELETE

NAME **VELEZ, WILFREDO**  
STREET ADDRESS **742 AMERICANA CT**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE

NAME **AUTREY, DAN L**  
STREET ADDRESS **17 WESTCHESTER ST**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, PATRICK V**  
STREET ADDRESS **619 DEAUVILLE CT**  
CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Walsh, Joseph**  
1.3 STREET ADDRESS **1849 Daniels St.**  
1.4 CITY-ST-ZIP **Kissimmee, FL 34746**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**Patrick V. Williams** 5/1/99 (407) 846-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0073478