

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:07

DOCUMENT # **703763** (3)
1. Corporation Name
SUNSET PRESBYTERIAN CHURCH OF FORT LAUDERDALE, I NC.

Principal Place of Business Mailing Address
3550 DAVIE BOULEVARD FT LAUDERDALE FL 33312-3438 **3550 DAVIE BOULEVARD FT LAUDERDALE FL 33312-3438**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/21/1962** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-0935811** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**OGDEN, GRACE
3550 DAVIE BLVD.
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURRAY, JOAN
STREET ADDRESS	3550 DAVIE ROAD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	PAULSSON, THEODORE
STREET ADDRESS	3550 DAVIE BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	OGDEN, GRACE
STREET ADDRESS	2302 SUNRISE BLVD 3-109
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	LINDENBOLT, MARY LOU
STREET ADDRESS	3550 DAVIE BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T
NAME	STEVENS, ROGER
STREET ADDRESS	3550 DAVIE BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Noe, Bruce	
1.3 STREET ADDRESS	3550 Davie Blvd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl.	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elizabeth Sage	
2.3 STREET ADDRESS	3550 Davie Blvd.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gwendolyn Huszar	
4.3 STREET ADDRESS	3550 Davie Blvd.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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.

SIGNATURE: Grace M. Ogden 2-28-95 (305) 583-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Grace Ogden