**FILE NOW: FILING FEE IS $61.25**

# NONPROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED**
**Feb 24, 1999 8:00 am**
**Secretary of State**
02-24-1999 90099 006 ****61.25

0011197

DOCUMENT # 716434

1. Corporation Name

WESTMINSTER PRESBYTERIAN CHURCH UNITED OF GAINES VILLE, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1521 N.W. 34TH ST.<br>GAINESVILLE FL 32605 | 1521 N.W. 34TH ST.<br>GAINESVILLE FL 32605 |

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/24/1969

4. FEI Number: 59-6215886 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

SINGLEY, DR. ED
1719 N W 23RD BLVD PH-E
GAINESVILLE, FLORIDA
32605

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>GRIFFIN, NANCY A<br>P O BOX 14190<br>GAINESVILLE FL 32604-2190 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>GREGORY, JESS<br>3838 SW 5TH PL<br>GAINESVILLE FL 32607 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SINGLEY, VIRGINIA H<br>1719 NW 23 BLVD PH-E<br>GAINESVILLE FL 32605 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRIFFIN, DANA I<br>3859 NW 32ND PLACE<br>GAINESVILLE FL | ☑ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☑ Addition<br>D<br>GAYLE, NORMA<br>6005 SW 86 drive<br>GAINESVILLE, FL 32608 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KENNEDY, AMY<br>10107 SW 13 PL<br>GAINESVILLE FL 32607 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>FRYE, MARY ANN<br>3757 NW 53RD ROAD<br>GAINESVILLE FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☑ Addition<br>DS<br>ZALATORIS, ALICE<br>3914 SW 26 DRIVE, APT. B<br>GAINESVILLE, FL #(c)* |

CR2E037 (11/98)

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:** Virginia T. Singley SIGNATURE REQUIRED 1/11/99 352-378-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #