

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

**APPROVED AND FILED**

MAY 19 11 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 716982 (4)**

1. Corporation Name  
**WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY, INC.**

Principal Place of Business	Mailing Address
<b>2641 RED BUG ROAD CASSELBERRY FL 32707 US</b>	<b>2641 RED BUG ROAD CASSELBERRY FL 32707 US</b>

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>08/11/1969</b>	<b>05/01/1994</b>
4. FEI Number	Applied For
<b>59-1576751</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BAILEY, DUANE  
132 N LOST LAKE LANE  
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name	<b>Gary Lowther</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1324 Raspberry Ct.</b>
83 City	<b>Casselberry FL 32707</b>
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0503 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: *Gary D. Lowther* DATE: **4-16-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD LOWTHER, GARY 1324 RASPBERRY CT. CASSELBERRY FL</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	<b>VD BROWN, GAYLORD 336 ALISON DAPHNE CIRCLE ORLANDO FL</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	<b>SD VILLILO, MARY 426 HORNBILL PLACE WINTER SPRINGS FL</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	<b>TD BRASWELL, RON 1114 BLACK ACRE TRAIL WINTER SPRINGS FL</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>Arthur Bernhardt</b>
STREET ADDRESS		43 STREET ADDRESS	<b>314 Goose Creek Dr</b>
CITY, ST, ZIP		44 CITY, ST, ZIP	<b>Winter Springs, FL 32708</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 119.07(3)(b), Florida Statutes. Further, I certify that the information is stated as the 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 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE: *Mary Villilo* **MARY VILLILO** DATE: **4/5/95 (100) 699-0432**