

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716982 (4)

1. Corporation Name

WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY, INC.



Principal Place of Business

Mailing Address

2641 RED BUG ROAD  
CASSELBERRY FL 32707  
US

2641 RED BUG ROAD  
CASSELBERRY FL 32707  
US

3. Date Incorporated or Qualified  
08/11/1969

3a. Date of Last Report  
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1576751

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWTHER, GARY  
1324 RASPBERRY CT  
CASSELBERRY FL 32707

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

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 PD  DELETE  
NAME LOWTHER, GARY  
STREET ADDRESS 1324 RASPBERRY CT.  
CITY-ST-ZIP CASSELBERRY FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME BROWN, GAYLORD  
STREET ADDRESS 336 ALISON DAPHNE CIRCLE  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VD  Change  Addition  
2.2 NAME SEAMAN, KRISTINA  
2.3 STREET ADDRESS 4475 WILLA CREEK DR. #109  
2.4 CITY-ST-ZIP WINTER SPRINGS, FL. 32708

TITLE SD  DELETE  
NAME VILLO, MARY  
STREET ADDRESS 426 HORNBILL PLACE  
CITY-ST-ZIP WINTER SPRINGS FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME BERNHARDT, ARTHUR  
STREET ADDRESS 314 GOOSE CREEK DR  
CITY-ST-ZIP WINTER SPRINGS FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 119.07(3)(k), 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: Gary R. Lowther GARY R. LOWTHER 1-29-96 (407) 339-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)