FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **TOWISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

716982

(4)

WESTMINSTER PRESBYTERIAN CHURCH OF CASSELBERRY.

ING.													
Principal P	lace of Busines	S	Mai	Mailing Address) (30) 1000 (1006 \$600 1000) 1000	101 91811 9101	N MINIT MINIT WIN	HI 81811 1881	
2641 RED BUG ROAD CASSELBERRY FL 32707 US				2641 RED BUG ROAD CASSELBERRY FL 32707-5818 US									
									3. Date Incorporated or Qualified 08/11/1969	3a. Da	ate of Last Re 02/05/199	900rt 16	
2. Principa 21	al Place of Busi	ness	2a. 26	2a. Mailing Address					4. FEI Number 59-1576751		h	plied For t Applicable	
Suite, A	kpt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	Additional	
22 City & S	State		27	City & State					6. Election Campaign Financing		\$5.00		
23			28	├ ─ '				Trust Fund Contribution		Added to			
Zip	p Country			Zip Co		Country			8. This corporation has liability for		tax under s.	199.032,	
24	25		29			0					□ No		
	9. Name	and Address of C	urrent Regist	ered Agent		81	Name	•	10. Name and Address of New Re	gistered	Agent		
	E 150 045V					•	IName						
LOWTHER, GARY 1324 RASPBERRY CT							Street A	ddress	ress (P.O. Box Number is Not Acceptable)				
CASS	SELBERRY FL	32707				83							
						84	City			FL	•	Code	
11. Pursu	ant to the provis	ions of Sections 61	7.0502 and 61 State of Florid	7.1508, Florida Statul a. Such change was	tes, the at	oove d by	-named o	corpora	ation submits this statement for the j 's board of directors. I hereby acce	ourpose of	f changing its pointment as	s registered registered	
agent	. I am familiar w	ith, and accept the	obligations of	Section 617.0503, FI	orida Stat	utes		nD		,			
SIGNATUR	re <u>Gar</u> y	(R. Lou	THER	Alox	F. 6		کے	\$10	Menter South	2 <u>//</u>	1-15-9	7	
12.	Signature, types	or printed name of registe OFFICER	S AND DIREC		13.	a Ager	nt signature (equired v	ADDITIONS/CHANGES TO OFFI				
TITLE	PD			DELETE		MITTE		PL			Change	Addition	
NAME	1	er, gary			1.2 N/			1 4-					
STREET AODRI	I	ASPBERRY CT.		1.3			ADDRESS						
CITY-ST-ZIP	CASSEL	BERRY FL 3	2707		1.4 C	TY-\$1	T-ZIP						
TITLE	VD	K		▼ DELETE	2.101	IID		VI			Change	Addition	
NAME	SEAMAN, DRISTINA			2.2			E THO		ompson, Donna 188 Bugler's Rest Place				
STREET ADDRESS 4475 WILLA CREEK DR #109			#109	;			2.3 STREET ADDRESS 3		1988 BUGLER'S REST PLACE				
CITY-ST-ZIP		SPRINGS FL					ST-ZIP	CA	SSELBERRY, FL. 32	.707			
TITLE	\$D			☐ DELETE	3.71		· I	51	D		L Change	Addition	
NAME	VILLICO				3.2 N								
STREET ADOR		RNBILL PLACE			3.3 S1	TREET	ADDRESS						
CITY-ST-ZIP		SPRINGS FL	32708	DELETE			ST-ZIP				54 Change	Addition	
TITLE								TD	TH, HARRY_		DESI CHANGE	LI AUGILION	
NAME	BERNH	BERNHARDT, ARTHUR 314 GOOSE CREEK DR			4. 2 NAME			257	35 MUNDEY PLACE				
" ' ' '	MINITED ORDINGO EL				4.3 STREET ADDRESS 4.4 City-St-Zip		1	30 - W	ITER PARK, FL. 32	700			
CITY-ST-ZIP	AAILA I EL	OFNINGS FL		DELETE	4.4 CI 5.1 TI		i1-ZIP	TVIN	VILD I NKK, I'LI DE	I TK	Change	Addition	
TITLE				LJ OLLLIE	5.1 II						and statistic	- 40000011	
NAME CIPICI ADDO	ree						ADDRESS						
STREET ADDR	1						1						
TITLE	+			☐ DELETE	5.4 G		ST - ZIP				Change	Addition	
NAME					6.2 N								
ł	.00						ADDRESS						
STREET ADDR	LOO				0.33	HEET	ADDITION						

6.4 CITY - ST - ZIP 14. I do 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.

HEREN GARY R. LOWTHER 1-15-97 SIGNATURE:

FILED

Feb 06 1997 8:00am

Secretary of State