


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90029 015 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716982**

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

Principal Place of Business 2641 RED BUG ROAD CASSELBERRY FL 32707 US	Mailing Address 2641 RED BUG ROAD CASSELBERRY FL 32707 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1576751
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

VILLO, MARY L  
 426 HORNBILL PLACE  
 WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name *Same*

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

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	ELLERBE, JIM	
STREET ADDRESS	1000 SILCOX BRANCH	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	THOMPSON, DONNA	
STREET ADDRESS	3988 BUGLER'S REST PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	VILLO, MARY	
STREET ADDRESS	426 HORNBILL PLACE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<del>SMITH, HARRY</del>	
STREET ADDRESS	<del>3535 MUNSEY PLACE</del>	
CITY-ST-ZIP	<del>WINTER PARK FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Terry Vick</i>
4.3 STREET ADDRESS	<i>P.O. Box 621282</i>
4.4 CITY-ST-ZIP	<i>Oviedo, FL 32762-5028</i>
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 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: *[Signature]* **SIGNATURE REQUIRED** Date: *3/24/99* Daytime Phone #: *339-1100*