


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 720486 (0)
1. Corporation Name
THE WESTMINSTER PRESBYTERIAN CHURCH OF BRANDON, FLORIDA, INC.



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| Principal Place of Business 402 E. LUMSDEN ROAD BRANDON FL 33511 | Mailing Address 402 E. LUMSDEN ROAD BRANDON FL 33511-6444 |
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|--|--|
| 3. Date Incorporated or Qualified 03/15/1971 | 3a. Date of Last Report 01/31/1996 |
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|--|---|
| 21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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|--|---|
| 4. FEI Number 59-1301155 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 |
| 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
**DARDEN, HENRY R., JR.
614 BEVERLY DRIVE
BRANDON FL 33510**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNIEL, J. MYLES | 1.2 NAME | |
| STREET ADDRESS | 2106 OAKLAND DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARGO, MARK | 2.2 NAME | |
| STREET ADDRESS | 502 EMERWOOD DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAPLES, JOHN | 3.2 NAME | |
| STREET ADDRESS | 416 NO. BRYAN CIR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, DIEHL | 4.2 NAME | |
| STREET ADDRESS | 1004 WINCHESTER LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: J. M. McNiel **REQUIRED** J. M. MCNIEL 1/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045477

CR2E037 (9/96)