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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729528 (0)

1. Corporation Name
WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Principal Place of Business 1313 W. NEW YORK AVE P.O. BOX 1106 DELAND FL 32721	Mailing Address 1313 W. NEW YORK AVE P.O. BOX 1106 DELAND FL 32721-1106
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1974	3a. Date of Last Report 02/19/1996
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 59-1511543	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEENE, MILDRED S. (MRS.) 120 S. MARYDELL AVE. DELAND FL 32720		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: Mildred S. Peene
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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEENE, MILDRED MRS	1.2 NAME	
STREET ADDRESS	120 S. MARYDELL AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINK, (MRS. EDWARD)	2.2 NAME	
STREET ADDRESS	144 NORTH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CLYDE	3.2 NAME	
STREET ADDRESS	740 WOODLAND BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	PT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINK, EDWARD R.	4.2 NAME	
STREET ADDRESS	144 N. STONE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, EVELYN	5.2 NAME	
STREET ADDRESS	1984 QUAIL HOLLOW DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	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: Mildred S. Peene (Mildred S. Peene) Jan. 28, 1997 904-736-6926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013472

CR2E037 (9/96)