

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 050 ****61.25

DOCUMENT # 748807

1. Entity Name
PLANTATION PRESBYTERIAN CHURCH, U.S.A., INCORPORATED.



Principal Place of Business
**901 N.W. 70TH AVENUE
 PLANTATION, FL 33317**

Mailing Address
**901 N.W. 70TH AVENUE
 PLANTATION, FL 33317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1356063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, RONALD E
 10020 REFLECTING BLVD WEST
 APT 103
 SUNRISE, FL 33351**

Name **Albert, Ronald W**
 Street Address (P.O. Box Number is Not Acceptable)

1860 NW 93 Terrace

City **Plantation** FL Zip Code **33382**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ronald W Albert T/T* DATE: **4-27-2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution...

\$5.00 May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TT** Delete
 NAME **THOMPSON, RONALD E**
 STREET ADDRESS **10020 REFLECTIONS BLVD. W APT 103**
 CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **T/T** Change Addition
 NAME **ALBERT, RONALD W**
 STREET ADDRESS **1860 NW 93 TER**
 CITY-ST-ZIP **PLANTATION, FL 33382**

TITLE **PT** Delete
 NAME **RUSSELL, DAN**
 STREET ADDRESS **10091 NW 7TH ST**
 CITY-ST-ZIP **PLANTATION, FL**

TITLE **T** Change Addition
 NAME **Thompson, Ronald E**
 STREET ADDRESS **10020 Reflections Blvd. w Apt 103**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE **T** Delete
 NAME **GRIFFIS, FRANCIS**
 STREET ADDRESS **111 N POMPANO BCH BLVD #904**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **Jones, Alan T** Change Addition
 NAME **Jones, Alan**
 STREET ADDRESS **9340 NW 32 Street**
 CITY-ST-ZIP **Sunrise, FL 33351**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald W Albert* DATE: **4-27-2004** DAYTIME PHONE #: **954-296-7303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #