

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31596 (2)

1. Corporation Name
WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, IN CORPORATED



Principal Place of Business Mailing Address
**C/O TED CHUMLEY
3626 WEST JACKSON STREET
PENSACOLA FL 32505
US**

3. Date Incorporated or Qualified **04/07/1989** 3a. Date of Last Report **01/23/1995**
4. FEI Number **59-1031744** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**SYKES, THOMAS
1206 POPPY AVE.
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALL, MORGAN	
STREET ADDRESS	4693 KIMBERLY DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SYKES, THOMAS	
STREET ADDRESS	1206 POPPY AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUMAN, STEVE	
STREET ADDRESS	18 ADKINSON DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, CONNIE	
STREET ADDRESS	5642 LEESWAY BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, RICHARD	
STREET ADDRESS	1804 W. JACKSON ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAWRENCE NEWMAN	
1.3 STREET ADDRESS	6610 RICHARDS Rd.	
1.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32503	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGG SCOTT	
3.3 STREET ADDRESS	3239 WINDMILL CIR.	
3.4 CITY-ST-ZIP	CANTONMENT, FLORIDA 32533	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas W. Sykes **THOMAS W. SYKES** 2/11/96 (904) 456-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)