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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31596

1. Corporation Name

WESTMINSTER PRESBYTERIAN CHURCH OF PENSACOLA, IN CORPORATED

Principal Place of Business

C/O TED CHUMLEY
 3626 WEST JACKSON STREET
 PENSACOLA FL 32505
 US

Mailing Address

C/O TED CHUMLEY
 3626 WEST JACKSON STREET
 PENSACOLA FL 32505
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/07/1989

22 City & State

27 City & State

4. FEI Number
 59-1031744

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYKES, THOMAS
 1206 POPPY AVE.
 PENSACOLA FL 32507

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

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 D DELETE
 NAME LAWRENCE, NEWMAN
 STREET ADDRESS 6610 RICHARDS RD
 CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DP DELETE
 NAME SYKES, THOMAS
 STREET ADDRESS 1206 POPPY AVE.
 CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MRS JEANNE BELL
 STREET ADDRESS 4540 MONTCLAIR RD
 CITY-ST-ZIP PENSACOLA FL 32505

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MR. LARRY JORDAN
 STREET ADDRESS 912 N 49TH ST
 CITY-ST-ZIP PENSACOLA FL 32506

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME DANIEL, RICHARD
 STREET ADDRESS 1804 W. JACKSON ST.
 CITY-ST-ZIP PENSACOLA FL

5.1 TITLE Change Addition
 5.2 NAME Hansen, David J.
 5.3 STREET ADDRESS 3050 Marques St.
 5.4 CITY-ST-ZIP Pensacola, FL 32505

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)(l), 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: Thomas Sykes SIGNATURE REQUIRED Thomas Sykes 2/8/99 850 456 1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)