

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:08

DOCUMENT # **N42406** (1)
1. Corporation Name

**NORTHMINSTER PRESBYTERIAN CHURCH (U.S.A.) OF PEN
SACOLA, FLORIDA, INC.**

Principal Place of Business Mailing Address
1100 E. NINE MILE ROAD 1100 EAST NINE MILE ROAD
PENSACOLA FL 32514 PENSACOLA FL 32514
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **02/02/1994**
4. FEI Number **59-3063245** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** Added to Fees
7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental
Tax Exempt Status** Fee Not Required
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
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

WIGGERS, RICHARD C
1100 EAST NINE MILE ROAD
PENSACOLA FL 32514

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Richard C. Wiggers
Signature, typed or printed name of registered agent and title

4/24/95
DATE

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE D
NAME WASDIN, EDWARD L.
STREET ADDRESS 331 ROBIN ROAD
CITY - ST - ZIP PENSACOLA FL
TITLE D
NAME FEICHT, GENE
STREET ADDRESS 10100 HILLVIEW ROAD, #1307
CITY - ST - ZIP PENSACOLA FL
TITLE D
NAME ROMNES, MARGARET
STREET ADDRESS 4757 BAYWIND DRIVE
CITY - ST - ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret J Romnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 479-2181
Date Telephone (Area #)