

FILE NOW: FILING FEE IS \$61.25 *Amended*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N42406
1. Corporation Name
NORTHMINSTER PRESBYTERIAN CHURCH (U.S.A.) OF PEN
SACOLA, FLORIDA, INC.

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

21. Principal Place of Business, 26. Mailing Address, 27. Suite, Apt. #, etc., 28. City & State, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 03/08/1991
4. FEI Number: 59-3063245
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees

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: [Blank]

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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	WARD, PAUL 2975 PINE FOREST RD CANTONMENT FL 32533	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	400002936924
TITLE: D	PEPPIN, AUDREY 3916 DEERWOOD CIR PACE FL 32671	1.2 NAME: [Blank]	-07/20/99--01094--01
TITLE: D	KING, ROBERT 4055 BEDEVERE DR PENSACOLA FL 32514	1.3 STREET ADDRESS: [Blank]	*****61.25 *****61
TITLE: <input type="checkbox"/> DELETE	[Blank]	1.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	2.1 TITLE: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	2.2 NAME: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	2.3 STREET ADDRESS: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	2.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: D	[Blank]	3.1 TITLE: D	HENDERSON, WILLIAM W.
TITLE: <input type="checkbox"/> DELETE	[Blank]	3.2 NAME: [Blank]	4237 QUEENS COURT
TITLE: <input type="checkbox"/> DELETE	[Blank]	3.3 STREET ADDRESS: [Blank]	PACE FL 32571
TITLE: <input type="checkbox"/> DELETE	[Blank]	3.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	4.1 TITLE: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	4.2 NAME: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	4.3 STREET ADDRESS: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	4.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	5.1 TITLE: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	5.2 NAME: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	5.3 STREET ADDRESS: [Blank]	[Blank]
TITLE: <input type="checkbox"/> DELETE	[Blank]	5.4 CITY-ST-ZIP: [Blank]	[Blank]

14. 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 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 this 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: [Signature] SIGNATURE REQUIRED [Signature] 1-7-99 850-484-8224