

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748337 (3)

1. Corporation Name

WELLINGTON PRESBYTERIAN CHURCH, INC.

Principal Place of Business

1000 WELLINGTON TRACE
WELLINGTON FL 33414

Mailing Address

1000 WELLINGTON TRACE
WELLINGTON FL 33414



3. Date Incorporated or Qualified
08/02/1979

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1896338

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOBY, KEN
3508 A ROAD
LOXAHATCHEE FL 33470

PAID
JUL 24 1996

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

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BRITTON, WILLIAM	
STREET ADDRESS	744 WINDFLOWER CT.	
CITY - ST - ZIP	W. PALM BCH. FL 33414	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	CORTESE, NORMAN	
STREET ADDRESS	13670 DOUBLETREE TRAIL	
CITY - ST - ZIP	W. PALM BCH. FL 33414	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RYBKA, LARRY	
STREET ADDRESS	11686 MAIDSTONE DR.	
CITY - ST - ZIP	W. PALM BCH, FL 33414	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, VINCENT	
STREET ADDRESS	13321 DOUBLETREE CIR.	
CITY - ST - ZIP	W. PALM BCH. FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL F. WHITE	
1.3 STREET ADDRESS	12096 SUGAR PINE TR.	
1.4 CITY - ST - ZIP	WELLINGTON FL 33414	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONN ROEGKE	
2.3 STREET ADDRESS	1361 PINETTA CIR.	
2.4 CITY - ST - ZIP	WELLINGTON, FL 33414	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM P. DONEY	
3.3 STREET ADDRESS	13702 EXOTICA LA.	
3.4 CITY - ST - ZIP	WELLINGTON, FL 33414	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEN TOBY	
4.3 STREET ADDRESS	3508 A ROAD	
4.4 CITY - ST - ZIP	LOXAHATCHEE FL 33470	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOUGLAS McLAUGHLIN	
5.3 STREET ADDRESS	13950 BARBERRY CT.	
5.4 CITY - ST - ZIP	WELLINGTON, FL 33414	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD TYLER	
6.3 STREET ADDRESS	102 TANBARK TR.	
6.4 CITY - ST - ZIP	WELLINGTON, FL 33414	

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:

Paul F. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-96

Date

561-533-7072

Daytime Phone #