


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701891** (4)  
1. Corporation Name  
**CORAL RIDGE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>5555 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308-3208</b>	Mailing Address <b>5555 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308-3208</b>
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3. Date Incorporated or Qualified <b>03/09/1961</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>59-1026547</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VERN H TROWBRIDGE 5555 N FEDERAL HIGHWAY FT. LAUDERDALE FL 33308</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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  **Vern H. Trowbridge, Vice President** **4-21-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD KENNEDY, D. JAMES</b>
STREET ADDRESS	<b>2750 N.E. 58TH STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD VERN H TROWBRIDGE</b>
STREET ADDRESS	<b>2741 NE 58TH STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD HIGERD, WILLIAM A</b>
STREET ADDRESS	<b>230 SW 16TH STREET</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD ALLEN BOSWORTH</b>
STREET ADDRESS	<b>9 NE 19TH COURT C-119</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD Ron Kovack</b>
4.3 STREET ADDRESS	<b>180 Compass Drive</b>
4.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
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 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 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  **Vern H. Trowbridge, Vice President**

CR2E037 (10/97)