

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90022 038 \*\*\*\*61.25

**DOCUMENT # 729528**

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF DELAND,  
FLORIDA, INC.



Principal Place of Business

1313 W. NEW YORK AVE  
P.O. BOX 1106  
DELAND FL 32721

Mailing Address

P O BOX 1106  
DELAND FL 32721  
US

44021217



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1511543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEENE, MILDRED S. (MRS.)  
123 S MARYDELL  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

CAROLYN Gilliam

Street Address (P.O. Box Number is Not Acceptable)

426 HOWARD AVE.

City

Orange City

FL

Zip Code

32763

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carolyn Gilliam* - Carolyn Gilliam, Clerk of Session 3/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	PEENE, MILDRED MRS	
STREET ADDRESS	123 S MARYDELL AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, JOY	
STREET ADDRESS	503 GORDON COURT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWILL, ROBERT P	
STREET ADDRESS	101 N AMELIA AVE # 608	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GEORGE	
STREET ADDRESS	600 N BOUNDARY AVE, APT 107D	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, JERROLD	
STREET ADDRESS	3130 TURTLE DOVE TRAIL	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Gilliam, Carolyn Mrs.	
STREET ADDRESS	426 HOWARD AVE.	
CITY-ST-ZIP	Orange City, FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn Gilliam* - Carolyn Gilliam, March 16, 2004 386-740-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #