

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700030 (0)

1. Corporation Name
**THE FIRST PRESBYTERIAN CHURCH OF POMPANO BEACH,
FLORIDA, INC.**

Principal Place of Business Mailing Address
**2331 N.E. 26TH AVE. 2331 N.E. 26TH AVE.
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1959	3a. Date of Last Report 03/30/1994
4. FEI Number 59-0909674	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BLACK, DWAYNE L.
2421 NE 21ST AVE.
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81 Name Willfred Jack Noble
82 Street Address (P.O. Box Number is Not Acceptable) 2631 NE 36 Street
83
84 City Lighthouse Point FL
85 Zip Code 33064

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: *[Signature]* DATE: **3/28/95**

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	REDD, CAROL
STREET ADDRESS	4240 NE 31ST AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	PD
NAME	FLETCHER, ALBERT E
STREET ADDRESS	4231 NE 26 AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064-8049
TITLE	VPD
NAME	MORGAN, ALAN R
STREET ADDRESS	9405 NW 38TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33064-1604
TITLE	TD
NAME	CARLS, ERNEST
STREET ADDRESS	671 SW SIXTH STREET VT #915
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Trivigno, Marsha F.
1.3 STREET ADDRESS	2400 NE 36 Street #4
1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ford, Richard R.
2.3 STREET ADDRESS	2216 NE 27 Street
2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hinkle, Darryl
4.3 STREET ADDRESS	4151 NE 22 Terrace
4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
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 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)(b), 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: *[Signature]* DATE: **3/28/95 (305) 977-8866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard R. Ford, President**