

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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.  
POMPANO BEACH FL 33062

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POMPANO BEACH FL 33062

3. Date Incorporated or Qualified  
09/26/1959

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-0909674

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

NOBLE, WILLFRED JACK  
2631 NE 36 STREET  
LIGHTHOUSE POINT FL 33064

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRIVIGNO, MARSHA F.	
STREET ADDRESS	2400 NE 36 ST #4	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, RICHARD R.	
STREET ADDRESS	2216 NE 27 ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORGAN, ALAN R	
STREET ADDRESS	9405 NW 38TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33064-1604	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HINKLE, DARRYL	
STREET ADDRESS	4151 NE 22 TERR	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hinkle, Darryl	
2.3 STREET ADDRESS	4151 NE 22 Terrace	
2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bowman, J. Keith	
3.3 STREET ADDRESS	4251 NE 24 Avenue	
3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Walker, C. Kenneth	
4.3 STREET ADDRESS	2760 NE 23 Street	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

991.2508

Daytime Phone #

CR2E037 (12/95)