

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700030 (0)**

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



Principal Place of Business <b>2331 N.E. 26TH AVE. POMPANO BEACH FL 33062</b>	Mailing Address <b>2331 N.E. 26TH AVE. POMPANO BEACH FL 33062-1146</b>
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3. Date Incorporated or Qualified <b>09/26/1959</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-0909674</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3560 NE 30 Avenue</b>
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 *[Signature]* **W. Jack Noble** **3-15-97**  
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TRIVANO, MARSHA F.</b>
STREET ADDRESS	<b>2400 NE 36 ST #4</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FORD, RICHARD R.</b>
STREET ADDRESS	<b>2216 NE 27 ST</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MORGAN, ALAN R</b>
STREET ADDRESS	<b>9405 NW 38TH ST.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33064-1804</b>
TITLE	<b>TDPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HINKLE, DARRYL</b>
STREET ADDRESS	<b>4151 NE 22 TERR</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>BOWMAN, J. KEITH</b>
STREET ADDRESS	<b>4251 N.E. 24TH AVENUE</b>
CITY-ST-ZIP	<b>LIGHTHOUSE PT FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WALKER, C. KENNETH</b>
STREET ADDRESS	<b>2760 N.E. 23RD STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Burgess, Gelsomina</b>
1.3 STREET ADDRESS	<b>2632 NE 27 Court</b>
1.4 CITY-ST-ZIP	<b>Lighthouse Point, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
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	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Matthews, Robert</b>
4.3 STREET ADDRESS	<b>6321 NE 20 Terrace</b>
4.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL</b>
5.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Bowman, J. Keith</b>
5.3 STREET ADDRESS	<b>4251 NE 24 Avenue</b>
5.4 CITY-ST-ZIP	<b>Lighthouse Point, FL</b>
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 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 *[Signature]*

CR2E037 (9/96)