

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2331 N.E. 26TH AVE. POMPANO BEACH FL 33062	Mailing Address 2331 N.E. 26TH AVE. POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified 09/26/1959	
4. FEI Number 59-0909674	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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

NOBLE, WILLFRED JACK
3560 N.E. 30 AVE.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BURGESS, GELSOMINA
STREET ADDRESS	2632 N.E. 27 COURT
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT
STREET ADDRESS	6321 N.E. 20 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, KEITH J
STREET ADDRESS	4251 N.E. 24 AVE.
CITY-ST-ZIP	LIGHTHOUSE PT FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WALKER, C. KENNETH
STREET ADDRESS	2760 N.E. 23RD STREET
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	

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	Warren, Louise
1.3 STREET ADDRESS	651 SW 6th Street, CT#902
1.4 CITY-ST-ZIP	Pompano Beach, FL 33060-7727
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cooper, William
3.3 STREET ADDRESS	3700 NE 30th Avenue
3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Burdick, Frank
4.3 STREET ADDRESS	4570 NW 18th Avenue, #407
4.4 CITY-ST-ZIP	Pompano Beach, 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 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: *William Cooper* **William Cooper** **954-942-2300**

CR2E037 (10/97)