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Mar 24, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 700030

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

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| 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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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 09/26/1959 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-0909674 |
| 22. City & State | 27. City & State | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| NOBLE, WILLFRED JACK 3560 N.E. 30 AVE. LIGHTHOUSE POINT FL 33064 | | 81. Name | 85. Zip Code |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83. | |
| | | 84. City | |

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:  DATE: _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WARREN, LOUISE | 1.2 NAME | Burgess, Gelsomina |
| STREET ADDRESS | 651 SW 6TH STREET, CT#902 | 1.3 STREET ADDRESS | 2632 NE 27 Court |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | 1.4 CITY-ST-ZIP | Lighthouse Point, FL 33064 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MATTHEWS, ROBERT | 2.2 NAME | Walker, C. Kenneth |
| STREET ADDRESS | 6321 N.E. 20 TERRACE | 2.3 STREET ADDRESS | 2760 NE 23 Street |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | Pompano Beach, FL 33062 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COOPER, WILLIAM | 3.2 NAME | Erlich, David |
| STREET ADDRESS | 3700 NE 30TH AVENUE | 3.3 STREET ADDRESS | 1080 SW 4 Terrace |
| CITY-ST-ZIP | LIGHTHOUSE POINT FL 33064 | 3.4 CITY-ST-ZIP | Pompano Beach, FL 33060 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BURDICK, FRANK | 4.2 NAME | Miller, Gary L. |
| STREET ADDRESS | 4570 NW 18TH AVENUE, #407 | 4.3 STREET ADDRESS | PO Box 10584 |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | 4.4 CITY-ST-ZIP | Pompano Beach, FL 33061 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED: David Erlich, President 3/01/99 (954) 782-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)