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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:15

DOCUMENT # 702013 (4)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF DELRAY BEACH, FLORIDA

Principal Place of Business	Mailing Address
33 GLEASON STREET DELRAY BEACH FL 33483	33 GLEASON STREET DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1961
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0830740 ☐ Applied For ☐ 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 ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOEL SMITH
21337 TOWN LAKE DRIVE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SOPP, ALBERT L.	12 NAME	
STREET ADDRESS	2255 LINDELL BLVD. #4102	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BARTHOLOMEW, A. P., JR.	22 NAME	
STREET ADDRESS	6665 N. OCEAN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LARRY,, R.HEATH	32 NAME	
STREET ADDRESS	4333 N OCEAN BLVD, #A-3	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, NOEL	42 NAME	
STREET ADDRESS	21337 TOWN LAKE DR, 1314	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DARMIN, JOHN L. (MRS.)	52 NAME	
STREET ADDRESS	21 N.W. 11TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, THOMAS M.	62 NAME	
STREET ADDRESS	1000 LOWRY ST	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL 33483	64 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)(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: A. P. Bartholomew Jr. 1/18/95 407-734-0764
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0061603