

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702013 (4)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF DELRAY BEACH, FLORIDA

Principal Place of Business
**33 GLEASON STREET
DELRAY BEACH FL 33483**

Mailing Address
**33 GLEASON STREET
DELRAY BEACH FL 33483**



3. Date Incorporated or Qualified 02/13/1961	3a. Date of Last Report 04/12/1995
4. FEI Number 59-0830740	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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 617.0502 and 617.1506, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOPP, ALBERT L.	1.2 NAME	
STREET ADDRESS	2255 LINDELL BLVD. #4102	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARTHOLOMEW, A. P., JR.	2.2 NAME	
STREET ADDRESS	6665 N. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE FL 33435	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LARRY, R. HEATH	3.2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD, #A-3	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33483	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, NOEL	4.2 NAME	
STREET ADDRESS	21337 TOWN LAKE DR, 1314	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33486	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DARMIN, JOHN L. (MRS.)	5.2 NAME	
STREET ADDRESS	21 N.W. 11TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	THOMPSON, THOMAS M.	6.2 NAME	
STREET ADDRESS	1000 LOWRY ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH. FL 33483	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:

A. P. Bartholomew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 **407-276-6338**
Date Daytime Phone #

CR2E037 (12/95)