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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702013

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/13/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0830740 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOEL SMITH 21337 TOWN LAKE DRIVE BOCA RATON FL 33486	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 617.1508, 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
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	☐ DELETE	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	☐ DELETE	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	P	☐ DELETE	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	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	BOWEN, MRS. M		4. 2 NAME	Robert C. Moss	
STREET ADDRESS	116 MARINE WAY		4.3 STREET ADDRESS	3952 Green Forest Drive	
CITY-ST-ZIP	DELRAY BEACH FL 33483		4.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	EYPEL, ARTHUR G. MR.		5.2 NAME	L. Robert Tanner	
STREET ADDRESS	3401 S. OCEAN BLVD., #4		5.3 STREET ADDRESS	103 Orchard Ridge Lane	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		5.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUANE, J. MARSHALL		6.2 NAME		
STREET ADDRESS	1095 HIBISCUS LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		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 A. P. Bartholomew Jr. 3/14/99 561 276 6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. P. BARTHOLOMEW JR TREASURER

CR2E037 (11/98)