2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
05-04-2004 90142 003 ****70.00

DOCUMENT # 702013

1. Entity 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

[redacted]

04082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0830740
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, ROBERT C
3952 GREEN FOREST DR
BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert C Moss ROBERT C. MOSS SECRETARY 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARDING, JERRY K
STREET ADDRESS	711 SE 3RD ST
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	TD
NAME	BARTHOLOMEW, A. P., JR.
STREET ADDRESS	6665 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	SOUDER, SUSANNA J
STREET ADDRESS	555 BANYAN RD
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	DS
NAME	MOSS, ROBERT C
STREET ADDRESS	3952 GREEN FOREST DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	TANNER, ROBERT L
STREET ADDRESS	103 ORCHARD RIDGE LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	COOK, JAMES DR.
STREET ADDRESS	4060 IBIS POINT CT.
CITY-ST-ZIP	BOCA RATON, FL 33431

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur P Bartholomew Jr. 5-27-04 276-6738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A.P. BARTHOLOMEW JR. TREASURER