

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 016 ****70.00

DOCUMENT # 702013

1. Entity 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**

40020111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0830740

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KATHERINE
33 GLEASON ST
DELRAY BEACH, FL 33483**

Name **Young, Nancy O.**

Street Address (P.O. Box Number is Not Acceptable)

33 Gleason Street

City **Delray Beach**

FL Zip Code **33483**

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 *Nancy O. Young*

2/27/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELLIOTT, THOMAS L**
CITY-ST-ZIP **2200 S OCEAN BLVD
DELRAY BEACH, FL 33483**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Davis, Paul J.**
CITY-ST-ZIP **4566 South Lake Drive
Boynton Beach, FL 33436**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **BARTHOLOMEW, A. P., JR.**
CITY-ST-ZIP **6665 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**

TITLE ☐ Change ☒ Addition
NAME **DC**
STREET ADDRESS **Fisher, James**
CITY-ST-ZIP **3619 SW 23 Street
Delray Beach, FL 33445**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MCINTYRE, CHARLES**
CITY-ST-ZIP **5514 OLD OCEAN BLVD
OCEAN RIDGE, FL 33435**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Hockey, Dr. Arthur**
CITY-ST-ZIP **5799 NW 23rd Ave
Boca Raton, FL 33496**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **HEILAKKA, ANN**
CITY-ST-ZIP **11 DRIFTWOOD LANDING
GULF STREAM, FL 33483**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Young, Nancy O.**
CITY-ST-ZIP **4475 N Ocean Bl #442g
Delray Beach, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas L Elliott* **THOMAS L ELLIOTT, TRUSTE**

2/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #