


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 037 \*\*\*\*61.25

<b>DOCUMENT # 704848</b> 1. Entity Name <b>FIRST PRESBYTERIAN CHURCH OF LAKE WORTH, FLORIDA INC.</b>					
Principal Place of Business <b>231 N FEDERAL HWY LAKEWORTH, FL 33460-3437 US</b>				Mailing Address <del>C/O LINDA SMITH</del> <b>SHIRLEY M. CLARK</b> <b>231 N. FEDERAL HIGHWAY LAKEWORTH, FL 33460 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0737880</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEGLUND, RONALD 231 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 <u><i>Ronald Heglund</i></u> <b>Registered Agent August 17, 2006</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when filing.) DATE)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PEARSON, BARBARA</b> <b>2650 BOUNDBROOK BLVD, #108</b> <b>WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LIN, ALAN</b> <b>114 SOUTH M ST., APT. 5</b> <b>LAKE WORTH, FL 33460</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROTH, PHOEBE</b> <b>3400 SPRINGDALE BLVD. APT. T104</b> <b>PALM SPRINGS, FL 33461</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>TREASURER</b> <b>SHIRLEY M. CLARK</b> <b>219 VANDERBILT DR.</b> <b>LAKE WORTH, FLA. 33460</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Shirley M. Clark</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-15-2006</b> <b>272-5399</b> <small>Date Daytime Phone #</small>		
<b>SHIRLEY M. CLARK, SECRETARY TREASURER</b>					

