

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # 704870 (5)

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF BOCA RATON, FLORIDA, INC.



Principal Place of Business: 600 W CAMINO REAL BOCA RATON FL 33486
Mailing Address: 600 W CAMINO REAL BOCA RATON FL 33486

3. Date Incorporated or Qualified: 12/03/1962
3a. Date of Last Report: 02/08/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0895905	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEBB, ARDEEN 600 W. CAMINO REAL BOCA RATON FL 33486				81	Name Susan French		
				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 agent 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: *Susan D. French* 2/1/96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Rev. Kirk McCormick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKSTORM, ROBERT E-		1.2 NAME		
STREET ADDRESS	600 W C AMINO REAL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, ROSS O.		2.2 NAME		
STREET ADDRESS	600 W. CAMINO REAL		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Gail Carpenter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, PRIM C.		3.2 NAME		
STREET ADDRESS	600 W. CAMINO REAL		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Rev. Elizabeth Pankey Warren	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, ROBERT L & PAN E		4.2 NAME		
STREET ADDRESS	600 W CAMINO REAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYBERRY, MAURICE E JR		5.2 NAME		
STREET ADDRESS	600 WEST CAMINO REAL		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEISEL, RICHARD J.		6.2 NAME		
STREET ADDRESS	600 W. CAMINO ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		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: *Ross O. Michel* 1-30-96 407-395-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)