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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 704870 (5)

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF BOCA RATON, FLO  
RIDA, INC.



Principal Place of Business

Mailing Address

600 W CAMINO REAL  
BOCA RATON FL 33486

600 W CAMINO REAL  
BOCA RATON FL 33486-5523

3. Date Incorporated or Qualified  
12/03/1962

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-0895905

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRENCH, SUSAN  
600 W CAMINO REAL  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCORMICK, KIRK REV	
STREET ADDRESS	600 W C AMINO REAL	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MICHEL, ROSS O.	
STREET ADDRESS	600 W. CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, GAIL	
STREET ADDRESS	600 W. CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>WARREN, PANKEY-ELIZABE-</del>	
STREET ADDRESS	600 W CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYBERRY, MAURICE E JR	
STREET ADDRESS	600 WEST CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEISEL, RICHARD J.	
STREET ADDRESS	600 W. CAMINO ROAD	
CITY - ST - ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP OSIMO, ANTHONY
4.3 STREET ADDRESS	600 W. CAMINO REAL
4.4 CITY - ST - ZIP	BOCA RATON FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D JAMES BAKER
6.3 STREET ADDRESS	600 W CAMINO REAL
6.4 CITY - ST - ZIP	BOCA RATON FL

14. I do 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.

SIGNATURE: *Rev. Kirk McCormick* KIRK MCCORMICK 1/17/97 561/395/2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045095

CR2E037 (9/96)