


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 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 # 706354 (8)  
1. Corporation Name  
FIRST PRESBYTERIAN CHURCH OF PLANTATION, INC.



Principal Place of Business: 12700 W BROWARD BLVD PLANTATION FL 33325-2308 US  
Mailing Address: 12700 W BROWARD BLVD PLANTATION FL 33325-2308 US

3. Date Incorporated or Qualified: 10/31/1963  
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-0865845  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ANDERSON, ARCY  
5241 SW 4 STR  
PLANTATION FL 33317

10. Name and Address of New Registered Agent  
81 Name: WISE, REV NORM  
82 Street Address (P.O. Box Number is Not Acceptable): 6800 NW 27 TERRACE  
83  
84 City: FT LAUDERDALE FL 85 Zip Code: 33309

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: *Norm Wise* NORM WISE, PRESIDENT - SENIOR PASTOR 4/28/97  
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	PD ANDERSON, ARCY 5241 SW 4 STR PLANTATION FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD WISE, REV. NORM 6800 NW 27 TERRACE FT LAUDERDALE FL 33309
TITLE	TD RINER, GLENN 7300 NW 11 ST FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VD HULZENGA, JODI 1271 NW 78 AVE FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	SD FROST, CLAUDETTE 9311 NW 38 PL FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	VD ROSS, SAMUEL 3613 EAST FORGE ROAD DAVIE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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: *Glenn Riner* REQUIRED GLENN RINER 4-25-97 954-452-4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037276

CR2E037 (9/96)