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Secretary of State

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0039002

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706354

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-0865845	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WISE, NORM R 6800 NW 27 TERR FT LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, NORM R		1.2 NAME	Jim Robinson	
STREET ADDRESS	6800 NW 27TH TERR		1.3 STREET ADDRESS	9350 NW 31st Place	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINER, GLENN		2.2 NAME	Arey Anderson	
STREET ADDRESS	7300 NW 11 ST		2.3 STREET ADDRESS	5241 SW Street	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Plantation, FL 33317	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIZENGA, DAVID		3.2 NAME	David Huizenga	
STREET ADDRESS	1271 NW 78 AVE		3.3 STREET ADDRESS	1271 NW 78 Ave	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLORD, ROBERT		4.2 NAME		
STREET ADDRESS	2524 N.E. 37 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		4.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, GORDON		5.2 NAME		
STREET ADDRESS	9311 NW 38TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/26/99 Daytime Phone #: (954) 452-4404

CR2E037 (1/198)