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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709308 (1)

1. Corporation Name
SECOND PRESBYTERIAN CHURCH OF FORT LAUDERDALE FL ORIDA, INC.

Principal Place of Business 1400 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33304	Mailing Address 1400 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33304
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3. Date Incorporated or Qualified 07/13/1965	
4. FEI Number 59-0774201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BEISLER, ANTHONY J., III
1001 N.E. 28 STREET
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT RANKIN 3121 NE 57 CT. FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANKIN, ROBERT 3121 NE 57 CT. FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOVELL, JANE 3111 NE 51 ST #405 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN DAVIS 2100 NE 15 ST. FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVIA FARMER 4702 S. HEMINGWAY CIR. MARGATE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNE VAUGHN 3000 NE 48 ST., #205 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD BARBER, KEITH 1725 NE 2 AVE FT. LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD HELLGREN, MARGE 630 SW 6 STREET, SGV-16 POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	TD MEINHOLTZ, WILLARD 4704 NE 23RD AVENUE FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D CHAPMAN, LORRAINE 245 ALGIERS AVENUE LAUDERDALE BY THE SEA FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D DUSEL, EDNA 6992 NW 30TH TERRACE FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Margaret E. Hellgren* Margaret E. Hellgren 3/9/98

CFR2E037 (10/97)