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**Mar 26, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 709308**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**07/13/1965**

4. FEI Number

**59-0774201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BEISLER, ANTHONY J., III  
1001 N.E. 26 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT RANKIN	
STREET ADDRESS	3121 NE 57 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARBER, KEITH	
STREET ADDRESS	1725 NE 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELLGREN, MARGE	
STREET ADDRESS	630 SW 6TH STREET, SGV-16	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEINHOLTZ, WILLARD	
STREET ADDRESS	4704 NE 23RD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, LORRAINE	
STREET ADDRESS	245 ALGIERS AVENUE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUSEL, EDNA	
STREET ADDRESS	6992 NW 30TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald Smith	
1.3 STREET ADDRESS	2342 SE 10 St	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Osborn	
2.3 STREET ADDRESS	1170 N Federal Hwy, #910	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304-1403	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hellgren, Marge	
3.3 STREET ADDRESS	630 SW 6 St, SGV-16	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meinholtz, Willard	
4.3 STREET ADDRESS	4704 NE 23 Ave	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Barber, Keith	
5.3 STREET ADDRESS	1725 NE 2 Ave	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dusel, Edna	
6.3 STREET ADDRESS	6992 NW 30 Terr	
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309	

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:

*Willard Meinholtz* **MEINHOLTZ**

Date

Daytime Phone #

CR2E037 (11/98)