

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90021 020 ****61.25

DOCUMENT # 709308

1. Entity Name

SECOND PRESBYTERIAN CHURCH OF FORT LAUDERDALE FL

Principal Place of Business

Mailing Address

**1400 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304**

**1400 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FLA 33304-1430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEISLER, ANTHONY J., III
 1001 N.E. 26 STREET
 FT. LAUDERDALE FL 33305**

Name-

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SMITH, RONALD**
 STREET ADDRESS **2342 SE 10 ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BARBER, KEITH**
 STREET ADDRESS **1725 NE 2ND AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE Change Addition
 NAME **VD OSBORN, ROGER J.**
 STREET ADDRESS **1170 N. FEDERAL HWY., #910**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE Delete
 NAME **SD HELLGREN, MARGE**
 STREET ADDRESS **630 SW 6TH STREET, SGV-16**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MEINHOLTZ, WILLARD**
 STREET ADDRESS **4704 NE 23RD AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHAPMAN, LORRAINE**
 STREET ADDRESS **245 ALGIERS AVENUE**
 CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE Change Addition
 NAME **D BARBER, KEITH**
 STREET ADDRESS **1244 NW 7th TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE Delete
 NAME **D DUSEL, EDNA**
 STREET ADDRESS **6992 NW 30TH TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **D KURT, DANIEL**
 STREET ADDRESS **1628 SE 7th STREET**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willard Meinholz* **WILLARD MEINHOLTZ**

3/24/2000

954/564-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)