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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711190 (9)

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE, FL  
ORIDA, INC.

Principal Place of Business

Mailing Address

401 S.E. 15TH AVE.  
FT LAUDERDALE FL 33301

401 S.E. 15TH AVE.  
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1966

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0725544

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAMIE, RICHARD M  
4609 NE 23RD AVE  
FT LAUDERDALE FL 33308

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HENDERSON, THOMAS M
STREET ADDRESS	2825 NE 22 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<del>PD</del>
NAME	<del>FULTON, THEODORE</del>
STREET ADDRESS	<del>716 FLAMINGO DRIVE</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	TD
NAME	DOBBINS, B. ALAN III
STREET ADDRESS	4317 N.E. 22 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	<del>SD</del>
NAME	<del>WALKDEN, CAROLE</del>
STREET ADDRESS	<del>915 SE 10 ST</del>
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>
TITLE	ASD
NAME	MURPHY, DAVID J.
STREET ADDRESS	2202 NOVA VILLAGE DRIVE
CITY-ST-ZIP	DAVIE FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (PD)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	(DELETE)		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS	(DELETE)		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VICE PRESIDENT (VD)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	HARRY J. VORDERMEIER		
6.3 STREET ADDRESS	2836 NE 22 STREET		
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 executor or trustee 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 initial report with an address.

SIGNATURE:

*B. Alan Dobbins III* B. ALAN DOBBINS III

6/8/95

(305) 565-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number