

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

**APPROVED  
AND  
FILED**

**1996 SEP -3 PM 12: 37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**NONPROFIT CORPORATION ANNUAL REPORT 1996**

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, FLORIDA, INC.**

Principal Place of Business: **401 S.E. 15TH AVE. FT LAUDERDALE FL 33301**  
Mailing Address: **401 S.E. 15TH AVE. FT LAUDERDALE FL 33301**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **07/14/1966**  
3a. Date of Last Report: **06/15/1995**  
4. FEI Number: **59-0725544**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CROMIE, RICHARD M  
4809 NE 23RD AVE  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
81 Name: **STEVEN L HARBERTS**  
82 Street Address (P.O. Box Number is Not Acceptable): **2800 NE 22 STREET**  
84 City: **FT LAUDERDALE** FL 85 Zip Code: **33305**

11. Pursuant to the provisions of Sections 617.0509 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 617.0509, Florida Statutes.

SIGNATURE: *Steven L Harberts* **STEVEN L. HARBERTS** DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, THOMAS M	
STREET ADDRESS	2825 NE 22 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOBBINS, B. ALAN III	
STREET ADDRESS	4317 N.E. 22 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, DAVID J.	
STREET ADDRESS	2202 NOVA VILLAGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VORDERMEIER, HARRY J	
STREET ADDRESS	2838 NE 22 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	<b>000001946140</b>	
14 CITY-ST-ZIP	<b>-09/12/96--01100--001</b>	
21 TITLE	<b>****70.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VORDERMEIER, HARRY J	
43 STREET ADDRESS	2836 NE 22 STREET	
44 CITY-ST-ZIP	FT LAUDERDALE FL 33305	
51 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	REID, AGNES	
53 STREET ADDRESS	2904 N ATLANTIC BLVD	
54 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
61 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CHAPPELL, E. HUGH	
63 STREET ADDRESS	328 CORAL WAY	
64 CITY-ST-ZIP	FT LAUDERDALE, FL 33301	

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 119.07(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 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 of an attachment with an address.

SIGNATURE: *S. Mortham* **S. MORTHAM** DATE: **8/28/96** Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)