


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 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 # 711190 (9)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF FORT LAUDERDALE, FL ORIDA, 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
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3. Date Incorporated or Qualified
07/14/1966

4. FEI Number
59-0725544

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**HARBERTS, STEVEN L
2800 N.E. 22ND STREET
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name DR DAVID G BERRY

82 Street Address (P.O. Box Number is Not Acceptable) 1618 CORAL RIDGE DRIVE

84 City FT LAUDERDALE FL 85 Zip Code 33305

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 David G. Berry DATE **6/8/98**

Signature, name or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CASTELL, J R	
STREET ADDRESS	32 ISLA BAHIA DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOBBINS, ALAN B III	
STREET ADDRESS	4317 N.E. 22 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENNY, MARY A	
STREET ADDRESS	640 DENSINGTON PLACE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPPELL, HUGH E	
STREET ADDRESS	328 CORAL WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEITH JACKSON	
1.3 STREET ADDRESS	1005 SE 6 CT	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIMOTHY STRICKLAND	
4.3 STREET ADDRESS	371 SE 9 CT	
4.4 CITY-ST-ZIP	POMPANO BEACH FL 33060	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 employed 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: [Handwritten Signature]

CFR2E037 (10/97)