

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 008 ****70.00

DOCUMENT # 711190

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



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

07/14/1966

4. FEI Number

59-0725544

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

BERRY, DAVID G DR
1618 CORAL RIDGE DRIVE
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 617.0508, 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 agree to 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

7/23/99

12. OFFICERS AND DIRECTORS

TITLE PD XX DELETE
NAME JACKSON, KEITH
STREET ADDRESS 1005 SE 6 CT
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE TD XX DELETE
NAME DOBBINS, ALAN B III
STREET ADDRESS 4317 N.E. 22 AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE SD XX DELETE
NAME DENNY, MARY A
STREET ADDRESS 640 DENSINGTON PLACE
CITY-ST-ZIP WILTON MANORS FL

TITLE VD XX DELETE
NAME STICKLAND, TIMOTHY
STREET ADDRESS 371 SE 9 CT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME MURRAY, DAVID G
1.3 STREET ADDRESS 633 CORAL WAY
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33301

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME OWEN, RICHARD D
2.3 STREET ADDRESS 2621 CLEMATIS PLACE
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33301

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME HARRIS, HUGH L
3.3 STREET ADDRESS 5800 NE 21 TERRACE
3.4 CITY-ST-ZIP FT LAUDERDALE FL 33308

4.1 TITLE VD ☐ Change ☒ Addition
4.2 NAME FLYNN, JAY M
4.3 STREET ADDRESS 2817 NE 21 COURT
4.4 CITY-ST-ZIP FT LAUDERDALE FL 33305

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pres-
David Murray 7/23/99 954-467-2000

CR2E037 (11/98)