

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **711702** (1)

1. Corporation Name

WESTKIRK UNITED PRESBYTERIAN CHURCH, INC.

Principal Place of Business

**3400 N.E. 1ST AVE.
POMPANO BEACH FL 33064**

Mailing Address

**3400 N.E. 1ST AVE.
POMPANO BEACH FL 33064**



3. Date Incorporated or Qualified
10/27/1966

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
22-2087716

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

Zip

Country

24

25

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGNAS, ROGER
2410 NE 2ND AVE
POMPANO BEACH FL 33064**

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUTH, WESLEY	
STREET ADDRESS	320 NW 26TH CT	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRIS, LILLIAN	
STREET ADDRESS	310 NE 31ST STREET	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGNAS, REBECCA	
STREET ADDRESS	2410 NE 1ST TERR	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, LOUELLA	
STREET ADDRESS	301 S GOLF BLVD	
CITY - ST - ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGNAS, ROGER	
STREET ADDRESS	2410 NE 2ND AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSITS, ELEANOR	
STREET ADDRESS	4500 N FED HWY #205	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Heath, Virginia	
13 STREET ADDRESS	2475 W. Golf Blvd. Apt. 238	
14 CITY - ST - ZIP	Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ferris, Lillian	
23 STREET ADDRESS	310 NE 31st Street	
24 CITY - ST - ZIP	Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Wolfe, Jane	
33 STREET ADDRESS	132 NW 53rd Pl.	
34 CITY - ST - ZIP	Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Fox, Louella	
43 STREET ADDRESS	301 S/ Golf Blvd.	
44 CITY - ST - ZIP	ompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Frame, Ethel	
53 STREET ADDRESS	130 NW 29th St.	
54 CITY - ST - ZIP	Pompano Beach, FL 33064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Ferris
Lillian Ferris, President

1/25/96

Date

305-943-4430

Daytime Phone #

CR2E037 (12/95)