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FILED

Mar 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

3400 N.E. 1ST AVE.  
POMPANO BEACH FL 330643400 N.E. 1ST AVE.  
POMPANO BEACH FL 33064-36083. Date Incorporated or Qualified  
10/27/19663a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Lillian Ferris

82 Street Address (P.O. Box Number is Not Acceptable)

310 N.E. 31st St.

83

84 City

Pompano Beach,

FL

85

Zip Code  
33064

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 type="checkbox"/> DELETE
NAME	HEATH, VIRGINIA	
STREET ADDRESS	2475 W. GOLF BLVD. APT. 238	
CITY-ST-ZIP	POMPANO BCH. FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FERRIS, LILLIAN</del>	
STREET ADDRESS	<del>310 N.E. 31ST ST.</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mildred Gould	
2.3 STREET ADDRESS	170 N.W. 29th Place	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33064	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, JANE	
STREET ADDRESS	132ND NW. 53RD PL	
CITY-ST-ZIP	POMPANO BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FOX, LOUELLA	
STREET ADDRESS	301 S. GOLF BLVD.	
CITY-ST-ZIP	POMPANO BCH. FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAM, ETHEL	
STREET ADDRESS	130 N.W. 29TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KOSITS, ELEANOR</del>	
STREET ADDRESS	<del>4500 N FED HWY #205</del>	
CITY-ST-ZIP	<del>LIGHTHOUSE POINT FL</del>	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dorothy Spengler	
6.3 STREET ADDRESS	130 N.W. 27th Ct.	
6.4 CITY-ST-ZIP	Pompano Beach, FL 33064	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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

2/24/97

Date

954-943-4430

Daytime Phone # 0021926

CF2E037 (9/96)