

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90020 012 \*\*\*\*70.00

DOCUMENT # 711702

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
22-2087716

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FERRIS, LILLIAN  
310 NE 31 ST  
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 PD  
NAME FERRIS, LILLIAN  
STREET ADDRESS 310 NE 31ST ST  
CITY-ST-ZIP POMPANO BCH. FL 33064

☐ DELETE

1.1 TITLE D  
1.2 NAME JOE MARLOWE  
1.3 STREET ADDRESS 150 NW 27TH CT.  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33064

☐ Change ☒ Addition

TITLE D  
NAME GOULD, MILDRED  
STREET ADDRESS 170 NW 29TH PLACE  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME WOLFE, JANE  
STREET ADDRESS 132ND NW. 53RD PL.  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME FOX, LOUELLA  
STREET ADDRESS 301 S. GOLF BLVD.  
CITY-ST-ZIP POMPANO BCH. FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME FRAM, ETHEL  
STREET ADDRESS 130 N.W. 29TH ST.  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME MARLOWE, JANE  
STREET ADDRESS 150 NW 27TH CT  
CITY-ST-ZIP POMPANO BCH FL 33064

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Lillian Ferris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

954-943-4430

Daytime Phone #

CR2E037 (1/98)