FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722682 (2)

1. Corporation Name
COMMUNITY PRESBYTERIAN CHURCH OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
405 S MCCALL ROAD ENGLEWOOD FL 34223	405 S MCCALL ROAD ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1972
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-0651079 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TEMPLETON, HAROLD C.
6960 MANASOTA KEY RD
ENGLEWOOD, FLORIDA
34223

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TEMPLETON, HAROLD	1.2 NAME	
STREET ADDRESS	6960 MANASOTA KEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	~~PRESIDENT~~ D ☑ Change ☐ Addition
NAME	WOLHUTER, GEORGE	2.2 NAME	WOLHUTER, GEORGE
STREET ADDRESS	1714 WALDEN COURT	2.3 STREET ADDRESS	1714 WALDEN COURT
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD FL.
TITLE	TD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	FISHER, ED	3.2 NAME	FREDERIK C. HOFFMANN
STREET ADDRESS	1045 ACACIA DR	3.3 STREET ADDRESS	68 PEARL ST
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	P	4.1 TITLE	~~VICE PRESIDENT~~ D ☑ Change ☐ Addition
NAME	DURYEA, RUSS	4.2 NAME	KEITH MORROW
STREET ADDRESS	1021 BAY HARBOR DR.	4.3 STREET ADDRESS	9271 LAKE DRIVE
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: _____ 4/4/95 813-474-9579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
F.C. HOFFMANN

0019069