FILE NOW: FILING FEE IS $61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 02/15/1972

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

31 Name

32 Street Address (P.O. Box Number Is Not Acceptable)

33

34 City **FL** 35 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, REX A.		1.2 NAME		
STREET ADDRESS	314 PERSIMMON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	WOLHUTER, GEORGE		2.2 NAME	HAROLD TEMPLETON	
STREET ADDRESS	1714 WALDEN COURT		2.3 STREET ADDRESS	6960 MANASOTA KEY RD	
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMANN, FREDERIK C		3.2 NAME		
STREET ADDRESS	216 MARK TWAIN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROTOVDA WEST FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	4.1 TITLE	VPD	☑ Change ☐ Addition
NAME	LUMEVITZ, JOHN		4.2 NAME	MARGERY COBURN	
STREET ADDRESS	6958 SPINNAKER BLVD		4.3 STREET ADDRESS	300 N. DRIVE	
CITY-ST-ZIP	ENGELWOOD FL		4.4 CITY-ST-ZIP	ENGLEWOOD. FL 34223	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 an an attachment with an address.

SIGNATURE: [illegible] 4/9/98 9414749528