FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

(3)

1. Corporation	on Name	-	\ -/			· l				
SPANI	SH RIVER PRESBYTERIAN	CHURCH, IN	C.				I (DAISE ENDLY HIALD ALLA) O'HIL HAAI	IA HABA DIDIR BANAN DID	II DIBA B	1 8 91 0 1 0 14 100)
Principal Place of Business Malling Address							i sancel enden olikin defini deere indi	1 3161 BIEIK B1811 BIBI		INTERNATION
2400 NW 51ST STREET 2400 NW 51ST STREET						ŀ	3. Date Incorporated or Qualified			
BOCA RATON FL 33431 BOCA RATON FL 33431							05/31/1973			
							4. FEI Number		A	pplied For
							59-1557427		No	ot Applicable
2. Principal F	Place of Business	2a. Mailing	. Mailing Address				6. Certificate of Status Desired	□ \$ ¹		Additional equired
Sulte, Apt. #, etc. Suite, Apt. #, etc			pt. #, etc.				6. Election Campaign Financing	\$		May Be
22		27					Trust Fund Contribution Added to Fees			
City & Star	le .	— ·	City & State			į	7. Is this nonprofit corporation a homeowners association?			
Zip	Country	28 Tip	Zip Country				Yes No No This corporation owes or has paid the current year Intaggible			
24	25	29		30			 This corporation owes or has p Personal Property Tax due Jun 	`		langible Z No
24]	9. Name and Address of Curre		ent	[30]			10. Name and Address of New R	· · · · · · · · · · · · · · · · · · ·		2 140
				61	Name					
TREICHLER, GARY L.					Stroot	Addross	s (P.O. Box Number is Not Accepte	able)		
17600 LAKE PARK RD.				62	Sireot	i nodress	S (F.O. BOX NUMBER IS NOT ACCEPTE	ine)		
BOCA RATON, FL				83						
BOCA RATON FL 33431				84	City			85	T Zip	Code
								ᅡᆫᆝ	1	
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 617.1508, e of Florida, Such	Florida Statuti change was a	es, the above	e-named	d corpora	ation submits this statement for the	purpose of char ent the appointm	nging it	ts registered
agent. I a	am familiar with, and accept the oblig	gations of, Section	617.0503, Flo	orida Statutes	3.	, paration	0.00.00, 1.00.00, 1.00.00, 1.00.00	specific appoint	10.11.00	, 0 8 .0.0.0.0
SIGNATURE	Signature, typed or printed name of registered ag	and and the if anytical la	(A)OT	E: Registered Age			Assessment State Control	DATE		
12.		ND DIRECTORS	i. (1401)	13.	int signature	e required w	ADDITIONS/CHANGES TO OFF		ECTOP	RS IN 12
TITLE	SD		DELETE	1.1 TITLE		T			Change	Addition
NAME	TALLBACKA, JAMES			1.2 NAME						
STREET ADDRESS	1001 PALM TRAIL			1.3 STREET	ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-S	T-ZIP	<u> </u>				
TITLE	TD	—	DELETÉ	2.1 TITLE		PD			Change	Addition
NAME	VAN DUZEE, JUDB			2.2 NAME			the Cabassa			
STREET ADDRESS	6152 N VERDE TRAIL, C-100)		2.3 STREET	ADDRESS	95	onw 10th Street	10.		
CITY-ST-ZIP	BOCA RATON FL	<u> </u>		2. 4 CITY - S	ST-ZIP	1.10	oca Katur TL 33	486		
TITLE	VD	· .	DELETE	3.1 TITLE		1/2	arman Chamba	<u> </u>	Change	✓ Addition
NAME	LANDS, MURRY			3.2 NAME)ر.	and Clopton			
STREET ADDRESS	1030 N.W. 8 STREET			3.3 STREET		1 7	2 0	alai	,	
CITY-ST-ZIP TITLE	SOCA RATON FL		DELETE	3.4. CITY-5	ST-ZIP	-	poch Katon, FL 3	3431	Change	☐ Addition
NAME	BARTUSKA, JOHN	•		4. 2 NAME		111		٠	ildiğo	
STREET ADDRESS	980 N.W. 10 ST.			4.3 STREET	ADDRESS	ł				
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-S						
TITLE	· VD	<u>"</u>	DELETE	5.1 TITLE		<u> </u>			Change	Addition
NAME	MOWRY, RICHARD M			5.2 NAME					-	
STREET ADDRESS	1351 BANYAN ROAD			5.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-S	T-ZIP	<u> </u>				
TITLE	· VO		DELETE	6.1 TITLE					Change	Addition
NAME	SLAVIC, JOHN			6.2 NAME						
STREET ADDRESS	8660 TWIN LAKE DRIVE			6.3 STREET	adoress		• **			
CITY-ST-ZIP	BOCA RATON FL			64 CITY-S	T. 7IP					

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 cath; 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:

FILED

Feb 19 1998 8:00am

Secretary of State