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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726571**

1. Corporation Name

SPANISH RIVER PRESBYTERIAN CHURCH, INC.

* 1 6 6 6 7 3 *
166673 · 90187 · 10

Principal Place of Business	Mailing Address
2400 NW 51ST STREET BOCA RATON FL 33431	2400 NW 51ST STREET BOCA RATON FL 33431

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/31/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1557427 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TREICHLER, GARY L.
17600 LAKE PARK RD.
BOCA RATON, FL
BOCA RATON FL 33431

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 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	SD	☑ DELETE	1.1 TITLE	President, Director	☐ Change ☒ Addition
NAME	TALLBACKA, JAMES		1.2 NAME	Rowe, Mark	
STREET ADDRESS	1001 PALM TRAIL		1.3 STREET ADDRESS	18141 Clearbrook Circle	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	PD	☑ DELETE	2.1 TITLE	Ellis, Matt, Vice President, Director	☐ Change ☒ Addition
NAME	CABASSA, JESSE		2.2 NAME		
STREET ADDRESS	950 NW 10TH STREET		2.3 STREET ADDRESS	652 Eagle Drive	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	TD	☐ DELETE	3.1 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	CLOPTON, JAMES		3.2 NAME		
STREET ADDRESS	400 NE 48 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer, Director.	☒ Change ☐ Addition
NAME	BARTUSKA, JOHN		4. 2 NAME		
STREET ADDRESS	980 N.W. 10 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ 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-ST-ZIP		
TITLE	VD	☑ DELETE	6.1 TITLE	Secretary, Director	☐ Change ☒ Addition
NAME	SLAVIC, JOHN		6.2 NAME	Hirz, Peter	
STREET ADDRESS	8660 TWIN LAKE DRIVE		6.3 STREET ADDRESS	2366 NW 29th Road	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	Boca Raton, FL 33431	

CR2E037 (11/98)

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: SIGNATURE REQUIRED PETER J. HIRZ 2/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #