


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90017 026 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 726585</b>					
1. Corporation Name <b>WESTMINSTER PRESBYTERIAN CHURCH</b>					
Principal Place of Business 4201 N.E. 2ND AVENUE MIAMI FL 33137			Mailing Address 4201 N.E. 2ND AVENUE MIAMI FL 33137		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>06/01/1973</b>	
4. FEI Number <b>59-0696298</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		9. Name and Address of Current Registered Agent <b>WRIGHT, GEORGE W., JR.J</b> <b>44 WEST FLAGLER STREET</b> <b>MIAMI FL 33130</b>			
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		10. Name and Address of New Registered Agent			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD WENTWORTH, WYNONA</b> STREET ADDRESS <b>1051 N. W. 90TH STREET</b> CITY-ST-ZIP <b>MIAMI FL</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>PD THATCHER, JOHN</b> STREET ADDRESS <b>3030 N.E. 2ND AVENUE</b> CITY-ST-ZIP <b>MIAMI FL</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME <b>VD THOMAS, PHILLIP A.</b> STREET ADDRESS <b>1233 ALEGRIANO</b> CITY-ST-ZIP <b>CORAL GABLES FL</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD MCCREA, SLOAN</b> STREET ADDRESS <b>2711 SW 22ND AVE</b> CITY-ST-ZIP <b>MIAMI FL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>TD CLAUDIO MOTTA</b> 5.3 STREET ADDRESS <b>11810 N.E. 19th DRIVE# 11</b> 5.4 CITY-ST-ZIP <b>N. MIAMI, FL 33181</b>			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 57300348

Date Daytime Phone #

CR2E037 (1/98)