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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:19

DOCUMENT # 729528 (0)

1. Corporation Name

WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Principal Place of Business	Mailing Address
1313 W. NEW YORK AVE P.O. BOX 1108 DELAND FL 32721	1313 W. NEW YORK AVE P.O. BOX 1108 DELAND FL 32721

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1974
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1511543 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. Name and Address of Current Registered Agent

PEENE, MILDRED S. (MRS.)
120 S. MARYDELL AVE.
DELAND FL 32720

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: Mildred S. Peene — 2/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	PEENE, MILDRED MRS	12 NAME	
STREET ADDRESS	120 S. MARYDELL AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILLINK, (MRS. EDWARD)	22 NAME	
STREET ADDRESS	144 NORTH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, CLYDE	32 NAME	
STREET ADDRESS	740 WOODLAND BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	
TITLE	PT	41 TITLE	☐ Change ☐ Addition
NAME	WILLINK, EDWARD R.	42 NAME	
STREET ADDRESS	144 N. STONE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, EVELYN	52 NAME	
STREET ADDRESS	1984 QUAIL HOLLOW DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: Edward R. Willink — 2.15.95 — 904 734 1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward R. Willink

COR 1170