

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729528** (0)
1. Corporation Name
WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Principal Place of Business 1313 W. NEW YORK AVE P.O. BOX 1106 DELAND FL 32721	Mailing Address 1313 W. NEW YORK AVE P.O. BOX 1106 DELAND FL 32721
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 1106 27 Suite, Apt. #, etc. 28 City & State 29 Deland, Florida 30 Zip 31 Country
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3. Date Incorporated or Qualified 05/01/1974	4. FEI Number 59-1511543	Applied For Not Applicable
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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	

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 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEENE, MILDRED MRS	1.2 NAME	
STREET ADDRESS	120 S. MARYDELL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLINK, (MRS. EDWARD)	2.2 NAME	
STREET ADDRESS	144 NORTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, CLYDE	3.2 NAME	
STREET ADDRESS	740 WOODLAND BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE	PT ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	WILLINK, EDWARD R.	4.2 NAME	P/T
STREET ADDRESS	144 N. STONE ST.	4.3 STREET ADDRESS	Brown, George
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	600 N. Boundary Ave., Apt. 107-D
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, EVELYN	5.2 NAME	
STREET ADDRESS	1984 QUAIL HOLLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	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	

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.

SIGNATURE: Mildred S. Peene Mildred S. Peene 3/16/98 904-736-6926

CR2E037 (10/97)