

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90119 020 ****61.25

0013451

DOCUMENT # 729528

1. Corporation Name

**WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORI
DA, INC.**

Principal Place of Business

1313 W. NEW YORK AVE
P.O. BOX 1106
DELAND FL 32721

Mailing Address

P O BOX 1106
DELAND FL 32721
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/01/1974

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME PEENE, MILDRED MRS
STREET ADDRESS 120 S. MARYDELL AVE.
CITY-ST-ZIP DELAND, FL 00000

TITLE D ☐ DELETE

NAME WILLINK, (MRS. EDWARD)
STREET ADDRESS 144 NORTH STREET
CITY-ST-ZIP DELAND FL

TITLE D ☐ DELETE

NAME TAYLOR, CLYDE
STREET ADDRESS 740 WOODLAND BLVD.
CITY-ST-ZIP DELAND FL

TITLE PT ☐ DELETE

NAME BROWN, GEORGE
STREET ADDRESS 600 N BOUNDARY AVE, APT 107D
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ DELETE

NAME MOORE, EVELYN
STREET ADDRESS 1984 QUAIL HOLLOW DRIVE
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Mildred S. Peene* *Mildred S. Peene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

Date

Daytime Phone #

CR2E037 (1/98)