

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90035 045 ****61.25

DOCUMENT # 729528

1. Entity 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

P O BOX 1106
DELAND FL 32721
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1511543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIAM, CAROLYN
426 HOWARD AVE.
ORANGE CITY FL 32763

Name Constance A. Taulbee
Street Address (P.O. Box Number is Not Acceptable)

409 Albany Ave

City Deland

FL

Zip Code

32724

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **PEENE, MILDRED MRS**
STREET ADDRESS **123 S MARYDELL AVE**
CITY - ST - ZIP **DELAND FL**

TITLE ☐ Delete
NAME **ELLIS, JOY**
STREET ADDRESS **503 GORDON COURT**
CITY - ST - ZIP **DELAND FL 32720**

TITLE ☐ Delete
NAME **GOODWILL, ROBERT P.**
STREET ADDRESS **101 N AMELIA AVE # 608**
CITY - ST - ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME **DAVIS, JERROLD**
STREET ADDRESS **3130 TURTLE DOVE TRAIL**
CITY - ST - ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME **GILLIAM, CAROLYN MRS.**
STREET ADDRESS **426 HOWARD AVE.**
CITY - ST - ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete
NAME **MUNSEN, RUTH**
STREET ADDRESS **775 S BERESFORD RD**
CITY - ST - ZIP **DELAND FL 32720**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **TP Taulbee, Constance A., Mrs.**
STREET ADDRESS **409 Albany Ave**
CITY - ST - ZIP **Deland, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Constance A. Taulbee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06

Date

386-134-8276

Daytime Phone #