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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732954** **(3)**

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
12 N. W. 16TH STREET HOMESTEAD FL 33030	12 N. W. 16TH STREET HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1975
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0803201 ☐ 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	2a. Mailing Address
21 47 N. W. 16th Street	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Homestead, Fl.	City & State 28
Zip 24 33030 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOUGLAS, ROBERT 29450 S.W. 185TH CT. HOMESTEAD FL 33030	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, ROBERT A.	12 NAME	
STREET ADDRESS	29450 S.W. 185TH CT.	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	000001474940 -05/04/95--01010--013
TITLE	VD	21 TITLE	V/D ☐ Change ☐ Addition
NAME	MUNZ, M.A.	22 NAME	*****61.25 *****61.25
STREET ADDRESS	23600 S.W 162ND AVE.	23 STREET ADDRESS	GLENN, CHARLEY
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	701 N. W. 20th Street Homestead, Fla. 33030
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BISSELL, FRANCES	32 NAME	
STREET ADDRESS	14831 LINCOLN DR.	33 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

NS
5/1/95 MS

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)(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: Robert A. Douglas 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert A. Douglas

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