
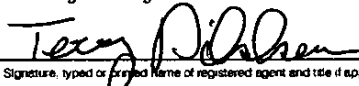
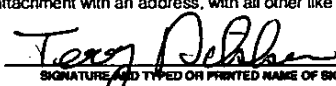


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90155 036 ****61.25

DOCUMENT # 732954 1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF HOMESTEAD, INC.					
Principal Place of Business 47 N.W. 16TH STREET HOMESTEAD, FL 33030			Mailing Address 47 N.W. 16TH STREET HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0803201				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNZ, MARY ANNE 23600 S. W. 162 AVENUE HOMESTEAD, FL 33031			Name Terry Dikkers Street Address (P.O. Box Number is Not Acceptable) 30684 S.W. 188 Court City Homestead FL Zip Code 33030		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE MAY 1, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNZ, MARY ANNE 23600 S.W. 162 AVENUE HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Dikkers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30684 S.W. 188 Court Homestead, Florida 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISSELL, FRANCES 14831 LINCOLN DRIVE HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marleen Whittington <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29248 Alabama Road Homestead, Florida 33033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT QUARTERMAINE, JOAN 27703 SW 163 CT HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fredrich Kalme <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18100 S.W. 264 street Homestead, Florida 33031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE MAY 1, 2005 <small>Daytime Phone #</small>		