

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # 733106 (9)

1. Corporation Name
WASHINGTON SHORES PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address
3600 ROGERS DRIVE 3600 ROGERS DRIVE
ORLANDO FL 32805 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/18/1975 3a. Date of Last Report 02/10/1994
4. FEI Number 59-1001091 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GUNNINGHAM, ARTHUR
1155 MARTIN LUTHER KING DRIVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent
81 Name Jackson, Gloria
82 Street Address (P.O. Box Number is Not Acceptable) 4473 Kirkland Blvd
83
84 City Orlando FL 85 Zip Code 32811

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: *Artha Gunningham* (NOTE: Registered Agent signature required when reinstating) DATE: 2-15-95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CUNNINGHAM, ARTHUR
STREET ADDRESS	1155 MARTIN LUTHER KING
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	VD
NAME	FORD, JACQUELINE
STREET ADDRESS	7076 SCRUB OAK LANE
CITY-ST-ZIP	ORLANDO, FL 00000 32818
TITLE	D
NAME	AKER, ATHENA
STREET ADDRESS	7519 GROVE OAK
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	SD
NAME	MCKINNEY, MARY
STREET ADDRESS	2823 SANTANA AVE
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	T
NAME	COLLETON, LARRY
STREET ADDRESS	10648 SPRING BUCK TR.
CITY-ST-ZIP	ORLANDO, FL 00000 FL 32825
TITLE	D
NAME	NUNNALLY, HOWARD
STREET ADDRESS	203A EDEN LANE
CITY-ST-ZIP	KISSIMMEE FL 04743

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jackson, Gloria	
1.3 STREET ADDRESS	4473 Kirkland Blvd.	
1.4 CITY-ST-ZIP	Orlando, FL 32811	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brooks, Byron	
2.3 STREET ADDRESS	4727 spaniel st	
2.4 CITY-ST-ZIP	Orlando, FL 32818	
3.1 TITLE	Mounts, Luther	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	638 oak Manor Cir	
3.3 STREET ADDRESS	Orl, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walker, Linda	
4.3 STREET ADDRESS	703 D. Ivey Lane	
4.4 CITY-ST-ZIP	Orlando, FL 32805	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gray, Andrew	
5.3 STREET ADDRESS	7236 Plaintain Dr.	
5.4 CITY-ST-ZIP	Orlando, FL 32818	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Byron W. Brooks* (Byron W. Brooks) 15 Feb 95 (407) 295-4741