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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733106 (9)

1. Corporation Name
WASHINGTON SHORES PRESBYTERIAN CHURCH, INC.



Principal Place of Business 3600 ROGERS DRIVE ORLANDO FL 32805	Mailing Address 3600 ROGERS DRIVE ORLANDO FL 32805-3453
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/16/1975	3a. Date of Last Report 02/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1001091	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JACKSON, GLORIA
4473 KIRKLAND BLVD
ORLANDO FL 32811

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	JACKSON, GLORIA	1.2 NAME	MANN, SADIE
STREET ADDRESS	4473 KIRKLAND BLVD	1.3 STREET ADDRESS	746 W. JACKSON ST.
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	TRD	2.1 TITLE	D
NAME	BROOKS, BYRON	2.2 NAME	NEWMAN, JESSIE
STREET ADDRESS	4727 SPANIEL ST	2.3 STREET ADDRESS	6141 AMBASSADOR DR.
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D	3.1 TITLE	D
NAME	CHARLTON, JANICE L.	3.2 NAME	STOVES, MARY
STREET ADDRESS	1412 CROOMS AVENUE	3.3 STREET ADDRESS	201 ORTMAN DR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D	4.1 TITLE	
NAME	WALKER, LINDA	4.2 NAME	
STREET ADDRESS	703 D IVEY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CRAWFORD, GROVER	5.2 NAME	
STREET ADDRESS	1138 CORETTA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Burton W Brooks* 25 March 1997 (not) 831-5308

CR2E037 (9/96)