

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740711 (7)

1. Corporation Name

WEKIVA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

211 WEKIVA SPRINGS LANE
LONGWOOD FL 32779

Mailing Address

211 WEKIVA SPRINGS LANE
LONGWOOD FL 32779

3. Date Incorporated or Qualified
11/07/1977

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MCDONOUGH, JOHN R.
519 WHISPERWOOD DR.
LONGWOOD FL 32779-9540

4. FEI Number
59-2070567

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HARRIS, ROBERT
STREET ADDRESS 2520 THICKET RIDGE COURT
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE
NAME COULTER, DON
STREET ADDRESS 463 LONGMEADOW LANE
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE
NAME JAMISON, LINDA
STREET ADDRESS 393 DAWNVIEW COURT
CITY-ST-ZIP LAKE MARY FL

TITLE P ☐ DELETE
NAME HARRIS, PATTY
STREET ADDRESS 108 CREEKWOOD COURT
CITY-ST-ZIP LONGWOOD FL

TITLE VP ☐ DELETE
NAME BLACKADAR, DON
STREET ADDRESS 174 VARSITY CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE S ☐ DELETE
NAME LIPP, BETTY
STREET ADDRESS 502 SMOKERISE BLVD.
CITY-ST-ZIP LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Harris, Robert
1.3 STREET ADDRESS 2520 Thicket Ridge Court
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE P(President) ☒ Change ☐ Addition
2.2 NAME Coulter, Don
2.3 STREET ADDRESS 463 Longmeadow Lane
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE VP (Vice President) ☒ Change ☐ Addition
3.2 NAME Streetman, Mary Bell
3.3 STREET ADDRESS 125 Lake Rena Drive
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE S (Secretary) ☒ Change ☐ Addition
4.2 NAME Kunzelmann, Tana
4.3 STREET ADDRESS 324 Dorchester Court
4.4 CITY-ST-ZIP Longwood, FL 32779

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Blackadar, Don
5.3 STREET ADDRESS 174 Varsity Circle
5.4 CITY-ST-ZIP Altamonte Springs, FL 32714

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Lipp, Betty
6.3 STREET ADDRESS 502 Smokerise Blvd.
6.4 CITY-ST-ZIP Longwood, FL 32779

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 if changed, or on an attachment with an address.

SIGNATURE: Betty Lipp Betty Lipp

Date

Daytime Phone #

April 9, 1996 407-788-7564

CR2E037 (12/95)