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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740711**

1. Corporation Name
WEKIVA PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
211 WEKIVA SPRINGS LANE LONGWOOD FL 32779	211 WEKIVA SPRINGS LANE LONGWOOD FL 32779

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/07/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2070567 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUNNER, JOHN A. 190 MAGNOLIA LAKE CT LONGWOOD FL 32779	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 _____ 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	D	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	HARRIS, ROBERT		1.2 NAME	Davis, Sr. Regis W.	
STREET ADDRESS	2520 THICKET RIDGE COURT		1.3 STREET ADDRESS	103 Coveridge Lane	VP
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	COULTER, DON		2.2 NAME	Ferguson, Robert	
STREET ADDRESS	463 LONGMEADOW LANE		2.3 STREET ADDRESS	111 Wayland Circle	D
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	P	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STREETMAN, MARY BELL		3.2 NAME	Hillenmeyer, Gale	
STREET ADDRESS	125 LAKE RENA DRIVE		3.3 STREET ADDRESS	962 Innswood Court	D
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VP	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	KUNZELMANN, TANA		4.2 NAME	Nordyke, Bonnie	
STREET ADDRESS	324 DORCHESTER COURT		4.3 STREET ADDRESS	661 Smokerise Blvd.	P
CITY-ST-ZIP	LONGOWOD FL 32779		4.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	S	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HAYES, SANDRA		5.2 NAME	Schmit, Diane	
STREET ADDRESS	340 GOLF BROOK CIR		5.3 STREET ADDRESS	2451 Country Wind Court	D
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ DELETE	6.1 TITLE	S	☐ Change ☐ Addition
NAME	MITZEL, RONALD		6.2 NAME	Mitzel, Ronald	
STREET ADDRESS	905 BEARDED OAKS TERR		6.3 STREET ADDRESS	905 Bearded Oaks Terrace	S
CITY-ST-ZIP	LONGOWOD FL		6.4 CITY-ST-ZIP	Longwood, FL 32779	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert Ferguson 2-12-199 869-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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