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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 744941 (6)

1. Corporation Name
IMMANUEL PRESBYTERIAN CHURCH (U.S.A.) OF LAKE PARK, FLORIDA, INC.

Principal Place of Business Mailing Address

425 CRESCENT DRIVE LAKE PARK FL 33403 **425 CRESCENT DRIVE LAKE PARK FL 33403**

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 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1978** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-0816446** 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

9. Name and Address of Current Registered Agent

**CANNON, AUDREY
425 CRESCENT DR.
LAKE PARK, FL FL 33403**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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: Audrey S. Cannon DATE: _____
Signature, typed or printed name of registered agent and (20) applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEELE, LEONARD
STREET ADDRESS	11838 HEMLOCK ST
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	PD
NAME	CHASE, MARJORIE
STREET ADDRESS	3939 BLUEBELL ST.
CITY - ST - ZIP	PALM BCH. GARDENS FL 33410
TITLE	TD
NAME	LADD, JOHN W.
STREET ADDRESS	655 KINGFISH PLACE
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	SD
NAME	CANNON, AUDREY,
STREET ADDRESS	425 CRESCENT DRIVE
CITY - ST - ZIP	LAKE PARK FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hinderager, Janet	
1.3 STREET ADDRESS	246 33rd Street	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information contained 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: John W. Ladd Date: 4/20/95 Daytime Phone #: 407-848-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR