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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 753138

1. Corporation Name

**WESTMINSTER PRESBYTERIAN CHURCH OF LAKE LAND, FLO
RIDA, INC.**

Principal Place of Business

730 SOUTH FLORIDA AVENUE
LAKE LAND FL 33801

Mailing Address

730 SOUTH FLORIDA AVENUE
LAKE LAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/14/1980

4. FEI Number

59-0873887

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

9. Name and Address of Current Registered Agent

ROBERTSON, BARBARA
730 S FLORIDA AVE
LAKE LAND FL 33801

10. Name and Address of New Registered Agent

81 Name

Donald Hirsch

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

730 S. Florida Ave

83

84 City

Lakeland

FL

85 Zip Code
33804

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 PT ☐ DELETE
NAME ROBERTSON, BARBARA
STREET ADDRESS 817 LAKESIDE AVE
CITY-ST-ZIP LAKE LAND FL

TITLE VPT ☐ DELETE
NAME HAUN, ROBERT
STREET ADDRESS 8119 SHADYWOOD CT
CITY-ST-ZIP LAKE LAND FL

TITLE ST ☐ DELETE
NAME HUNT, MIRIAM
STREET ADDRESS 34 TERRACE GARDENS
CITY-ST-ZIP LAKE LAND FL

TITLE TT ☐ DELETE
NAME VOUSDEN, EDWIN
STREET ADDRESS 2821 VOUSDEN LANE
CITY-ST-ZIP LAKE LAND FL

TITLE FS ☐ DELETE
NAME BERRY, HELEN
STREET ADDRESS 811 LAKESIDE AVE
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Trustees ☒ Change ☐ Addition
1.2 NAME Donald Hirsch
1.3 STREET ADDRESS 4852 Leisurewood Lane
1.4 CITY-ST-ZIP Lakeland, FL 3381

2.1 TITLE Assistant Treasurer Trustees ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Vice President, Trustees ☐ Change ☒ Addition
6.2 NAME William Archer
6.3 STREET ADDRESS 6010 Waverly Place
6.4 CITY-ST-ZIP Lakeland, FL 33815

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

941 683-3165

Daytime Phone #

CR2E037 (11/98)