FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760693 (2)

1. Corporation Name

EVERGLADES PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
C/O RICHARD G. MURRAY 934 NW 1ST STREET BELLE GLADE FL 33430-1904	C/O RICHARD G. MURRAY 934 NW 1ST STREET BELLE GLADE FL 33430-1904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1981
3a. Date of Last Report: 02/21/1994
4. FEI Number: 05-0047902 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1008 N. Main St.	26 P.O. Box 1687
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Belle Glade, Fl.	28 Belle Glade, Fl.
24 Zip 33430 25 Country U.S.	29 Zip 33430 30 Country U.S.

9. Name and Address of Current Registered Agent

MURRAY, RICHARD G
934 N W 1ST ST
BELLE GLADE, FL
33430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 308 N.W. Ave. J
83
84 City FL 85 Zip Code

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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, RICHARD G	1.2 NAME	
STREET ADDRESS	308 NW AVE. J	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LOWERY, ARLENE F.	2.2 NAME	
STREET ADDRESS	640 SE 3RD.ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	KIRCHMAN, JERRY	3.2 NAME	D Street, Laona
STREET ADDRESS	133 SE 6TH STREET, NORTH	3.3 STREET ADDRESS	109 S.E. 6th St., N.
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	Belle Glade, Fl. 33430
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Parker, Eleanor
STREET ADDRESS		4.3 STREET ADDRESS	945 N.W. 4th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Belle Glade, Fl. 33430
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Woodard, Jeanne
STREET ADDRESS		5.3 STREET ADDRESS	1024 S.E. 3rd St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Belle Glade, Fl. 33430
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Arlene F. Lowery Arlene F. Lowery 4/10/95 407-996-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049312