

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 # **N02863 (1)**

1. Corporation Name
WHITFIELD ESTATES PRESBYTERIAN CHURCH, INC.



Principal Place of Business: **7045 NORTH TAMiami TRAIL SARASOTA FL 34243**
Mailing Address: **7045 NORTH TAMiami TRAIL SARASOTA FL 34243**

3. Date Incorporated or Qualified: **05/02/1984**
3a. Date of Last Report: **02/09/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-0867199	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
	Country	30	Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHITTENDEN, JOHN 7045 N. TAMiami TRAIL SARASOTA FL 34243				81	Name	Bob Jasman	
				82	Street Address (P.O. Box Number is Not Acceptable)	6020 Arlene Way	
				83	Signature	<i>[Signature]</i>	
				84	City	Bradenton	FL
				85	Zip Code	34207	

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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	LAWLESS, DOUG	1.2 NAME	Kay Shepard
STREET ADDRESS	401 ARCHIBALD AVE	1.3 STREET ADDRESS	1822 N. Alhambra Avenue
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	V	2.1 TITLE	Vice President
NAME	PERKISON, BOB	2.2 NAME	Doug Sales
STREET ADDRESS	1011 68TH AVE W	2.3 STREET ADDRESS	7343 Shiplif Street
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	SD	3.1 TITLE	Sec.
NAME	TUCKER, SHIRLEY	3.2 NAME	Gary Brock
STREET ADDRESS	4516-3RD ST. CIR. W. #533	3.3 STREET ADDRESS	9101 68th Ave. Dr. W.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	T	4.1 TITLE	Treasurer
NAME	PIPER, BOB	4.2 NAME	Barbara Bogan
STREET ADDRESS	468 PARKVIEW DR	4.3 STREET ADDRESS	320 Avocado St, Plantation Village
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	D	5.1 TITLE	D
NAME	CANFIELD, AL	5.2 NAME	Eloise Garcia
STREET ADDRESS	372 MONTGOMERY AVE	5.3 STREET ADDRESS	501 St. Andrews Drive
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	D	6.1 TITLE	D
NAME	CHITTENDEN, JOHN	6.2 NAME	Bob Jasman
STREET ADDRESS	7114 WESTMORELAND DR.	6.3 STREET ADDRESS	6020 Arlene Way
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Bradenton, FL 34207

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: *[Signature]* DATE: **Feb. 14, 1996**

CR2E037 (12/95)