

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34243-1442**

3. Date Incorporated or Qualified: **05/02/1984**
3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-0867199**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSMAN, BOB
6020 ARLENE WAY
BRADENTON FL 34207**

81 Name: **Allen B. Canfield**
82 Street Address (P.O. Box Number is Not Acceptable): **372 Montgomery Avenue**
83
84 City: **Sarasota** FL 85 Zip Code: **34243**

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: *Allen B. Canfield* DATE: *2/21/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHEPARD, KAY	
STREET ADDRESS	1822 NORTH ALLENDALE AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SALES, DOUG	
STREET ADDRESS	7343 SHEPARD STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOND, GARY	
STREET ADDRESS	910 68TH AVENUE DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOJO, BARBARA	
STREET ADDRESS	320 AVOCADO STREET, PLANTATION VILLAGE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, ELASIE	
STREET ADDRESS	501 ST. ANDREWS DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JASME, BOB	
STREET ADDRESS	6020 ARLENE WAY	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Beetle, Dan		
1.3 STREET ADDRESS	2712 Tulane Avenue		
1.4 CITY-ST-ZIP	Bradenton, FL 34207		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Brubaker, Al		
2.3 STREET ADDRESS	2074 Sunset Drive		
2.4 CITY-ST-ZIP	Bradenton, FL 34207		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Bogan, Barbara		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Baughman, Eleanor		
5.3 STREET ADDRESS	4431 Mt. Vernon Drive		
5.4 CITY-ST-ZIP	Bradenton, FL 34210		
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Gallimore, Paul		
6.3 STREET ADDRESS	309 - 50th Ave. Drive West		
6.4 CITY-ST-ZIP	Bradenton, FL 34207		

14. I do 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.

SIGNATURE: *Barbara Bogan* DATE: *2-24-97* 941-255-2741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)