
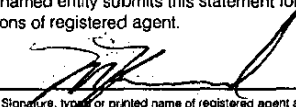



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 034 ****61.25

DOCUMENT # N03000005090 1. Entity Name EVANGELICAL PRESBYTERIAN CHURCH, INC.		
Principal Place of Business 7000 NW 68TH MANOR PARKLAND, FL 33067		Mailing Address 7000 NW 68TH MANOR PARKLAND, FL 33067
2. Principal Place of Business 5100 W. COPANS ROAD		3. Mailing Address 5100 W. COPANS ROAD
Suite, Apt. #, etc. SUITE 410		Suite, Apt. #, etc. SUITE 410
City & State MARGATE, FL		City & State MARGATE, FL
Zip 33063	Country USA	Zip 33063
Country USA		4. FEL Number 54-2113019
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name NEW CITY PRESBYTERIAN CHURCH Street Address (P.O. Box Number is Not Acceptable) 5100 W. COPANS ROAD SUITE #410 City MARGATE FL Zip Code 33063
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWE, STEVE 8302 NW 35TGH COURT CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, RICHARD 8238 NW 41ST STREET CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREISEL, MARK 7000 NW 68TH MANOR CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/19/04 <small>Daytime Phone #</small>

94073117



04092004 Chg-NP CR2E037 (10/03)