FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N2
1. Corporation Name

N28908

(4)

FIRST PRESBYTERIAN CHURCH OF MIRAMAR, INC.

| Principal Place | e of Business | Mailing Address | | | BEL 01811 01811 01811 01811 01811 01811 0181 |
|---|--------------------------------------|--|-----------------------------------|---|--|
| FIRST PRESBYTERIAN 6701 SW 25 STREET MIRAMAR FL 33023-2740 | | FIRST PRESBYTERIAN 6701 SW 25 STREET MIRAMAR FL 33023-2740 | | | |
| US | | US | | 3. Date Incorporated or Qualified 10/18/1988 | 3a. Date of Last Report 02/01/1996 |
| - | lace of Business | 2a. Mailing Address | | 4. FEI Number 59-1355084 | Applied For |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Žiρ | Country | Zip | Country | 8. This corporation has liability for it | |
| 24 | 25 | | 0 | | Yes No |
| 9. Name and Address of Current Registered Agent 81 Name (| | | | 10. Name and Address of New Registered Agent | |
| l Mari | | | | ria C. Kamkıssooi | 1 |
| ADAMS, CAROL 6525 SW 28 CT | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptab | le) |
| | R FL 33023 | | 83 , | Carriaria Road | |
| nin sama | 11 1 E 000E0 | | 01 01 | | an To Code |
| | | | 84 City Ho | llywood | FL 85 Zip Code 33023 |
| 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 Mark Grand Statutes - Navia C. Ramkisson January 30, 1997 Significatory sprinted name of registated agent and title if applicable. (NOTE Registated Agent signature required when reinstating) DATE | | | | | |
| Significite typed or printed name of registored agent and title if applicable. (NOTE: F | | | Registered Agent signature requir | | |
| 12. | OFFICERS A | ND DIRECTORS DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| NAME | EBERLE, WAYNE | | 1.2 NAME | | Cal outside Calvertion |
| STREET ADDRESS | 6425 SW 21ST STREET | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MIRAMAR FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | ٧ | DELETE | 2.1 TITLE | | Change Addition |
| NAME | MODER, TILLIE | | 2.2 NAME | | |
| STREET ADDRESS | 3241 SW 66 AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-7IP | MIRAMAR FL | - I be ext | 2.4 CITY-ST-ZIP | | T Access T 4 division |
| TITLE | SD DANKISSOON MADIA | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME expect approved | RAMKISSOON, MARIA 114 EDMOND ROAD | | 3.2 NAME 3.3 STREET ADDRESS | | |
| STREET ADDRESS CITY-SI-ZIP | HOLLYWOOD FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | RAMKISSON, GOBIN | | 4. 2 NAME | | |
| STREET ADDRESS | 114 EDMOND ROAD | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | HOLLYWOOD FL | | 4.4 CITY - ST - ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | WHITE, BONNY | | 5.2 NAME | | |
| STREET ADDRESS | 2240 GULFSTRAM DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR FL | T DELETE | 5.4 CITY-ST-ZIP | | Change Addition |
| THTLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME CTREET ADDRESS | | | 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 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:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-28-9-

954-9835923

FILED

Feb 27 1997 8:00am

Secretary of State