

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90028 041 ****70.00

DOCUMENT # N50667

1. Entity Name

THE AMERICAN PRESBYTERIAN CHURCH, INC.



Principal Place of Business
6348 HYPOLUNO RD.
LAKE WORTH FL 33463

Mailing Address
7 N.W. 24TH COURT
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0358446

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, JOSEPH A.
7 N.W. 24TH COURT
DELRAY BEACH FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 P/D ☐ Delete
NAME WARNER, JOSEPH
STREET ADDRESS 7 N.W. 24TH COURT
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE D ☒ Change ☐ Addition
NAME LUSZ, JOEL
STREET ADDRESS 5090 POINTED BILL CT
CITY-ST-ZIP VIERA FL 32940

TITLE D ☒ Delete
NAME LUSZ, JOEL M
STREET ADDRESS 1790 ROCKY WOOD CIRCLE #201
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ Change ☒ Addition
NAME CRONKHITE, JONATHAN R.
STREET ADDRESS 1459 HUFF CT
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D ☐ Delete
NAME ELISABETH, WARNER
STREET ADDRESS 7 NW 24TH CT
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE D ☐ Change ☒ Addition
NAME WYCKOFF, BARKLEY
STREET ADDRESS 501 NW 50 PLACE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D ☐ Delete
NAME CROCKER, DAVID
STREET ADDRESS 23 BROOKVIEW CIRCLE
CITY-ST-ZIP ELIZABETHTOWN PA 17022-1445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUNYANTE, NEIL
STREET ADDRESS 935 CHATWOOD DR.
CITY-ST-ZIP BEAUMONT TX 77706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PITTS, WILLIAM
STREET ADDRESS 1001 OVERLOOK RD.
CITY-ST-ZIP BALTIMORE MD 21239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph A. Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04
Date

561-278-1045
Daytime Phone #