## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

Principal Place of Business

## N9400006181 (1)

Mailing Address

CHRIST PRESBYTERIAN CHRUCH (PCA) VERO BEACH, FLO RIDA, INC.

| 1644 27TH AVE<br>VERO BEACH F           |   | P.O. BOX 2386<br>VERO BEACH FL 329<br>US                             | VERO BEACH FL 32961-2366                 |               |                  | 3. Date Incorporated or Qualified 12/20/1994  | 3a. Da  | te of Last R<br><b>)7/26/19</b> | eport<br><b>96</b> |
|---|---|--|--|---------------|------------------|---|---------|---------------------------------|--------------------|
| <del>_</del>                            | ace of Business                         | F1   | 2a. Mailing Address                      |               |                  | 4. FEI Number<br>59-2819164   |         |                                 | oplied For         |
| Suite, Apt. :                           | #, etc                                  |  | Suite, Apt. #, etc.                      |               |                  |   |         |                                 | Additional         |
| 22                                      | '                                       | 27   | · · · · · · · · · · · · · · · · · · ·    |               |                  | 5. Certificate of Status Desired  |         |                                 | equired            |
| City & State                            | )                                       | City & State   |  |               |                  | Election Campaign Financing     Trust Fund Contribution   |         | ,                               | May Be<br>to Fees  |
| Zip                                     | Country<br>25                           | Zip  | Countr<br>30                             | y             |                  | 8. This corporation has liability for in Florida Statutes   |         | tax under s<br>No               | 50163              |
| 24                                      |   | Current Registered Agent   | 1301                                     |               |                  | 10. Name and Address of New Reg   |         |                                 |                    |
|   |   |  | 81                                       | 1             | Name             |   |         |                                 |                    |
|   | AMES W                                  |  | 83                                       | 82 Street Add |                  | ddress (P.O. Box Number is Not Acceptable   |         |                                 |                    |
|   | h Place S.W.<br>Each Fl. 32968          |  | 8:                                       | 3             |                  | , , , , , , , , , , , , , , , , , , ,   |         |                                 | <del></del>        |
| TEHO DI                                 | LACITY E OLOGO                          |  | 84                                       | 4             | City             |   | FL      | <b>85</b> Zip                   | Code               |
| office or re<br>agent. Lai<br>SIGNATURE | egistered agent, or both, in the        | he State of Florida Such change<br>he obligations of, Section 617.05 | was authorized to<br>03, Florida Statute | es.           | the corpo        | corporation submits this statement for the purification's board of directors. I hereby accept aquired when reinstating) | the app | ointment as                     | registered         |
| 12.                                     | OFFIC                                   | ERS AND DIRECTORS  | 13.                                      |               |                  | ADDITIONS/CHANGES TO OFFICE   | RS AND  | DIRECTOR                        | ₹S IN 12           |
| TITLE                                   | D                                       | ☐ DELE   | E 1.1 TITLE                              |               |                  |   |         | Change                          | Addition           |
| NAME                                    | DAVIS, JAMES W                          |  | 1.2 NAME                                 |               |                  |   |         |                                 |                    |
| STREET ADDRESS                          | 3510 6TH PLACE SW<br>VERO BEACH FL 3296 | 20   | 1.3 STRÉI                                |               |                  |   |         |                                 |                    |
| CITY-ST-ZIP<br>TITLE                    | D DEACH FL 3290                         | DELE   | 1.4 CITY -<br>TE 2.1 TITLE               |               | - ZIP            |   | -       | Change                          | Addition           |
| NAME                                    | MILLER, TIMOTHY E                       | <b>2</b>   | 2.2 NAME                                 |               |                  |   |         |                                 | _                  |
| STREET ADDRESS                          | 6770 69TH STREET                        |  | 2.3 STRE                                 | ET A          | ADDRESS          |   |         |                                 |                    |
| CITY-S1-ZIP                             | VERO BEACH FL                           |  | 2. 4 CITY                                | - 51          | r-ZiP            |   |         |                                 |                    |
| TITLE                                   | D                                       | ☐ ĐELE   |  |               |                  |   |         | Change                          | Addition           |
| NAME                                    | FROEHLICH, PETER G                      | <b>i</b>   | 3.2 NAMI                                 |               |                  |   |         |                                 |                    |
| STREET ADDRESS                          | 2976 59TH AVE.<br>VERO BEACH FL 3296    | 20   |  |               | ADDRESS          |   |         |                                 |                    |
| CITY-ST-ZIP<br>TITLE                    | VENU DEMUN FL 3290                      | DELE DELE  | 3.4. CITY TE 4.1 TITLE                   |               | - ZIP            |   |         | Change                          | ☐ Addition         |
| NAME                                    |   | J. DEEL  | 4. 2 NAM                                 |               |                  |   |         |                                 |                    |
| STREET ADDRESS                          |   |  |  |               | ADORESS          |   |         |                                 |                    |
| CITY-ST-ZIP                             |   |  | 4.4 CITY                                 | - ST          | [+ <b>2 P</b>    |   |         |                                 |                    |
| TITLE                                   |   | DELE   | TE 5.1 TITLE                             |               |                  |   |         | Change                          | Addition           |
| NAME                                    |   |  | 5.2 NAM                                  | E             |                  |   |         |                                 |                    |
| STREET ADDRESS                          |   |  | 5.3 STRE                                 | ET /          | ADDRESS          |   |         |                                 |                    |
| CITY-ST-ZIP                             |   | T brit   | 5.4 CITY                                 |               | - ZIP            |   |         | Change                          | Addition           |
| TITLE                                   |   | ☐ DELE   |  |               |                  |   |         |                                 | L.J AOUIION        |
| NAME                                    |   |  | 6.2 NAM                                  |               | ADDOCCC          | •   |         |                                 |                    |
| STREET ADDRESS                          |   |  | 6.3 STRE                                 |               | ADDRESS<br>T-7IP |   |         |                                 |                    |
| 1 OTT 1 01 1/15                         | 1                                       |  | ■ V 1 U I I I                            | 91            | , and            |   |         |                                 |                    |

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:

**FILED** 

Feb 05 1997 8:00am

Secretary of State