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

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N97000001327 (2)

FORT LAUDERDALE WESTMINSTER PRESBYTERIAN CHURCH,

**FILED** Feb 03 1998 8:00am Secretary of State



"''						
Principal Place of Business Mailing Address				O LEGENTAL STA JOHN (SOM CONTINUENT) GOTH CONTINUENT NOTE FINDS INTO YOUR DOOR TOUR		
1100 S.W. 21ST STREET		1100 S.W. 21ST STREET			3. Date Incorporated or Qualified	
FORT LAUDERDALE FL 33315		FORT LAUDERDALE FL 33315			03/10/1997	
					4. FEI Number Applied For	
					Not Applicable	
2. Principal Pi	ace of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
21		26			5. Certificate of Status Desired Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes 🖾 No	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes 💹 No	
	9. Name and Address of Curren	it Hegistered Agent		B1 Nar	10. Name and Address of New Registered Agent	
			["	DI NA	Name	
	l, peter s		į.	82 Street Address (P.O. Box Number is Not Acceptable)		
1100 S.W. 21ST STREET			ļ.	63		
FORT LA	NUDERDALE FL 33315		ľ	53		
			Į.	B4 City	City 85 Zip Code	
		a last scan of the first			FL 69 Zip 6500	
11. Pursuant to	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statute of Florida. Such change was a	es, the ab- uthorized	ove-nam by the c	amed corporation submits this statement for the purpose of changing its registered to corporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	etions of, Section 617.0503, Flo	rida Statu	ites.		
SIGNATURE .	Signature, typed or printed name of registered age	BIOTO	D. Harris		ignature required when reinstating) DATE	
12.	OFFICERS AND		13.	Main aite	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITE	E	☐ Change ☐ Addition	
NAME	MAGLY, BUD	_	1.2 NAM	νIE		
STREET ADDRESS	960 MONTICELLO AVE		1:3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	DAVIE FL 33325		1.4 CiT	Y-\$T-ZIP	NP I	
TITLE	D	☐ DELETE	2.1 TITE		Change Addition	
NAME	ALLEN, HARRIET		2.2 NA	νIE		
STREET ADDRESS	311 SE 3RD STREET #407		2.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	DANIA FL 33004		2. 4 CIT	Y-ST-ZIP	ZIP	
TITLE	Ď	☐ DELETE	3.1 TITL	.E	Change Addition	
NAME	BURLINGTON, MARY		3.2 NA	ME		
STREET ADDRESS	2150 SW 23RD AVE		3.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3	3.4. CIT	Y-ST-ZIP	ZIP	
TITLE	P	☐ DELETE	4.1 TITE	LE.	☐ Change ☐ Addition	
NAME	SABIN, JAMES		4. 2 NA	ME		
STREET ADDRESS	1335 SE 13TH TERR		4.3 STR	EET ADDRE	DRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3	4.4 CIT	Y-ST-ZIP		
TITLE	V	DELETE	5.1 TITU	E	Change Addition	
NAME	ÖBERMEIER, MARY		5.2 NAM	ME		
STREET ADDRESS	719 SW 20TH STREET		5.3 STR	LEET ADDRE	DRESS /7 ) /1/5/4 (/	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	<u> </u>	5.4 CIT	Y-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITE	.E	SDDDD2420755	
NAME	Poshard, Phyllis		6.2 NA	ME	-02/04/3801003005	
STREET ADDRESS	8648 SW 18TH STREET		6.3 STR	LEET ADDRE	DRESS ***61.25	
CITY-ST-ZIP	DAVIE FL 33325		6.4 C/T	Y-ST-ZIP	(P) 本本本の1・4つ	

14. 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 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.

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