

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 014 ****61.25

0037756

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001327

1. Corporation Name

FORT LAUDERDALE WESTMINSTER PRESBYTERIAN CHURCH, INC.

126232 90051 14

Principal Place of Business
 1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315

Mailing Address
 1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 03/10/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDELL, PETER S
 1100 S.W. 21ST STREET
 FORT LAUDERDALE FL 33315

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLY, BUD	1.2 NAME	
STREET ADDRESS	960 MONTICELLO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, HARRIET	2.2 NAME	SHIRLEY KOBZIMA
STREET ADDRESS	311 SE 3RD STREET #407	2.3 STREET ADDRESS	2300 S.W. 19 AVE
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	FT. LAUD. FL 33315
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLINGTON, MARY	3.2 NAME	
STREET ADDRESS	2150 SW 23RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIN, JAMES	4.2 NAME	
STREET ADDRESS	1335 SE 13TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERMEIER, MARY	5.2 NAME	
STREET ADDRESS	719 SW 20TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSHARD, PHYLLIS	6.2 NAME	
STREET ADDRESS	8648 SW 18TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

James A. Sabin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99

954-525-7759

CR2E037 (11/98)