

4-28-97

B-5679-C

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700982 (2)

1. Corporation Name
THE REFORMED PRESBYTERIAN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business 324 E LIVINGSTON ORLANDO FL 32801	Mailing Address 324 E LIVINGSTON ORLANDO FL 32801-1511
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3. Date Incorporated or Qualified 05/19/1960		3a. Date of Last Report 02/05/1996	
21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1112503	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	26. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOREST, THOMAS H. 1551 SACKETT CIRCLE ORLANDO FL 32818				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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, ROBERT	1.2 NAME	Terry, Robert
STREET ADDRESS	2047 HOWELL BRANCH ROAD	1.3 STREET ADDRESS	2047 Howell Branch Rd.
CITY-ST-ZIP	MAINTLAND FL	1.4 CITY-ST-ZIP	Maitland, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBURNEY, WILLSON	2.2 NAME	McBurney, Willson
STREET ADDRESS	948 VINE RIDGE RUN APT 8-202	2.3 STREET ADDRESS	448 Vine Ridge Run Apt 8-202
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREST, THOMAS	3.2 NAME	Forest, Thomas
STREET ADDRESS	1551 SACKETT CIRCLE	3.3 STREET ADDRESS	1551 Sackett Circle
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Mary Wainham Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERRION, CATHY	4.2 NAME	266 Mikeham Dr
STREET ADDRESS	1591 COLUSO DR	4.3 STREET ADDRESS	Orlando, FL 32835
CITY-ST-ZIP	WINTER GARDEN FL 34787	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 _____

CR2E037 (9/96)