## FILE NOW: FILING FEE IS \$61.25

## **NONPROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(2)

Mailing Address

## THE REFORMED PRESBYTERIAN CHURCH OF ORLANDO, FLO RIDA, INC.

į.									
324 E LIVINGST		324 E LIVINGSTON				3. Date Incorporated or Qualified			
ORLANDO FL 32801		ORLANDO FL 32801			05/19/1960				
						4. FEI Number	$\Box$	Applie	d For
]						59-1112503	٢	Not Ap	pplicable
2. Principal P	lace of Business	2s. Mailing Address					\$8.	75 Addi	<del>ilionel</del>
21		26				5. Certificate of Status Desired		ee Reguli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing		00 May	
22		27				Trust Fund Contribution		ded to Fe	
City & State	0	City & State				7. Is this nonprofit corporation a homeowners	ASSO	ciation?	
23		28					] No	5,01,0,,,,	
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the curr	ent ve	ar Intano	ible
24	25	29	30	Ť			Yes	N 🔲	
	9. Name and Address of Curre		1001			10. Name and Address of New Registered	gent		
			- 8	11	Name			1	
CODCOY	THOMAS II								
	, THOMAS H.		82 Street Ad			Address (P.O. Box Number is Not Acceptable)			
	CKETT CIRCLE			13					
ORLAND	O FL 32818		ľ	٦					
			8	4	City	P1	85	Zip Cod	е
						FL	ш		
11. Pursuant	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida Statut e of Florida, Such change was s	es, the abo	by t	named cor	rporation submits this statement for the purpose of	chang	ing its re	gistered istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statut	les.	110 001 poi	ation's board of directors. I hereby accept the appoint		,	
SIGNATURE .									
	Signature, typed or printed name of registered ag			Agent	t signature requ	uired when reinstating) DATE			
12.	<del></del>	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITLE	E			Chi	arige _	Addition
NAME	TERRY, ROBERT		1.2 NAM	ΙE					
STREET ADDRESS	2047 HOWELL BRANCH ROA	ND .	1.3 STRE	EET A	NODRESS				
CITY - ST - ZIP	MAINTLAND FL		1.4 CITY	- 51-	- ZIP				
TITLE	VD	DELETE	2.1 TITLE	Ε	- I \	V	☐ Chi	ange 🔀	Addition
NAME	MCBURNEY, WILLSON		2.2 NAM	E	E	Bailey, Scott			
STREET ADDRESS	948 VINE RIDGE RUN APT 8	202	2.3 STRE	ET A	DORESS 4	404 Jersey Street East			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY	Y-ST		Orlando, Fi 32806			
TITLE	TD	DELETE	3.1 TITLE				☐ Chi	ange	Addition
NAME	FOREST, THOMAS		3.2 NAM	Æ	1				
STREET ADDRESS	1551 SACKETT CIRCLE		3.3 STRE		INDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY						
TITLE	S	DELETE	4.1 TITUE	_		S	Chi	ange	Addition
NAME	WORTHAM, MARY	M) PETETE	4.2 NAM		.	Joreham, Mary	F-24 VIV		
						266 Mileham Dr.			
STREET ADDRESS	266 MILEHAM DR		4.3 STRE						
CITY-ST-ZIP	ORLANDO FL 32835	Distre	4.4 CITY			Orlando, FL 32835	T 65	**************************************	Addition
TITLE		DELETE	5.1 TITLE				☐ Cha	sign <u>ka</u>	3 ADDITION
NAME			5.2 NAM	-	<u>}</u>	Forest James			
STREET ADDRESS			5.3 STRE	EET A		240 Barnegat Pt. Rd.			
CITY-ST-ZIP		····	5.4 CITY		-ZIP (	Orlando, El 32808			<del></del>
TITLE		☐ DELETE	6.1 TITLE	E			Chi	ange	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STRE	ET A	UDDRESS				

14. I hereby certify that the information supplied with this filling 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 suppliemental 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:

CITY-ST-ZIP

1-13-97

**FILED** 

Feb 17 1998 8:00am

Secretary of State

(407)578-8019