

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:40

DOCUMENT # 704710 (3)

1. Corporation Name

JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.

Principal Place of Business Mailing Address
600 WEST OAKRIDGE ROAD 600 WEST OAKRIDGE ROAD
ORLANDO FL 32809 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1962
3a. Date of Last Report 02/17/1994
4. FEI Number 70-4710581
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MORELAND, MYRA
1007 HAWKES AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name JAMES MALCOLM
82 Street Address (P.O. Box Number is Not Acceptable) 342 Oak Estates
83
84 City Orlando FL 85 Zip Code 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James A. Malcolm, President DATE 1/30/95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	MORELAND, MYRA
STREET ADDRESS	1007 HAWKES AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	MALCOLM, JIM
STREET ADDRESS	342 OAK ESTATES
CITY - ST - ZIP	ORLANDO FL
TITLE	DT
NAME	RAYMOND, HAROLD
STREET ADDRESS	4596 LAKE HOLDEN HILLS DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	DT
NAME	BRIGGS, ELMER
STREET ADDRESS	5941 OZARK AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	ST
NAME	VARIAN, BERNICE
STREET ADDRESS	1116 CHESTERTON AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALCOLM, JAMES
1.3 STREET ADDRESS	342 Oak Estates
1.4 CITY - ST - ZIP	Orlando, FL 32806
2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAYMOND, Harold
2.3 STREET ADDRESS	4596 Lake Holden Hills Dr
2.4 CITY - ST - ZIP	Orlando, FL 32839
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRIGGS, Elmer
3.3 STREET ADDRESS	5941 Ozark Ave
3.4 CITY - ST - ZIP	Orlando, FL 32809
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COUNTS, Larry K.
4.3 STREET ADDRESS	8303 Tuckahoe Ct
4.4 CITY - ST - ZIP	Orlando, FL 32829
5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENTLEY, Erla
5.3 STREET ADDRESS	6785 Paul Revere Ct
5.4 CITY - ST - ZIP	Orlando, FL 32809
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: James A. Malcolm DATE 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES A. MALCOLM
855-9371
Daytime Phone #