

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 704710 (3)

1. Corporation Name
JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.



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

3. Date Incorporated or Qualified 10/24/1962
3a. Date of Last Report 02/03/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		70-4710581	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip		<input type="checkbox"/>	
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MALCOLM, JAMES 342 OAK ESTATES ORLANDO FL 32806				81	Name Harold Raymond			
				82	Street Address (P.O. Box Number is Not Acceptable) 4596 Lake Holden Hills Dr.			
				83				
				84	City	Orlando	85	Zip Code FL 32839

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: *Harold Raymond* Harold Raymond, P/T 1-30-94
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, JAMES		1.2 NAME				
STREET ADDRESS	342 OAK ESTATES		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	PT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, HAROLD		2.2 NAME				
STREET ADDRESS	4596 LAKE HOLDEN HILLS DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, ELMER		3.2 NAME				
STREET ADDRESS	5941 OZARK AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	VT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTS, LARRY K.		4.2 NAME				
STREET ADDRESS	8303 TUCKAHOE CT.		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	DT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, ERLA		5.2 NAME				
STREET ADDRESS	6785 PAUL REVERE CT.		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	ST			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Johnson, Rubin			
STREET ADDRESS			6.3 STREET ADDRESS	1460 AV/leigh Circle			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32824			

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 119.07(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: *Harold Raymond* Harold Raymond, P/T 1-30-96 407-859-2079
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)