

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704710 (3)
1. Corporation Name
JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.



Principal Place of Business 800 WEST OAKRIDGE ROAD ORLANDO FL 32809	Mailing Address 800 WEST OAKRIDGE ROAD ORLANDO FL 32809
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3. Date Incorporated or Qualified
10/24/1962

4. FEI Number
70-4710581

Applied For	Not Applicable
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2. Principal Place of Business 21 Same as Above Suite, Apt. #, etc.	2a. Mailing Address 26 Same as Above Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**RAYMOND, HAROLD
4596 LAKE HOLDEN HILLS DRIVE
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name Chester Dillard
82 Street Address (P.O. Box Number Is Not Acceptable) 3926 DeKalb Drive
83
84 City Orlando

FL 85 Zip Code **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 Chester Dillard **PT CHESTER L. DILLARD** 3/14/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, RUBIN	
STREET ADDRESS	1460 AVLEIGH CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	COUNTS, LARRY K.	
STREET ADDRESS	8303 TUCKAHOE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT	
STREET ADDRESS	1283 OLD MILL ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BENTLEY, ERLA	
STREET ADDRESS	6785 PAUL REVERE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BENTLEY, ERLA	
STREET ADDRESS	6785 PAUL REVERE CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DILLARD, CHESTER	
STREET ADDRESS	3926 DEKALB DRIVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Rubin	
1.3 STREET ADDRESS	1460 Avleigh Circle	
1.4 CITY-ST-ZIP	Orlando, FL 32824	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ethel Thomas	
2.3 STREET ADDRESS	5913 Tavendale Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32809	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Patterson	
3.3 STREET ADDRESS	1283 Old Mill Road	
3.4 CITY-ST-ZIP	Orlando, FL 32806	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Balladin	
4.3 STREET ADDRESS	310 Havelock Street	
4.4 CITY-ST-ZIP	Orlando, FL 32824	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chester Dillard	
6.3 STREET ADDRESS	3926 DeKalb Drive	
6.4 CITY-ST-ZIP	Orlando, FL 32839	

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.

SIGNATURE: Chester Dillard **CHESTER L. DILLARD** PT 3/14/98
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/97)