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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704710

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 70-4710581
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DILLARD, CHESTER 3926 DEKALB DR ORLANDO FL 32839		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	VT
NAME	JOHNSON, RUBIN	1.2 NAME	KEVIN CORE
STREET ADDRESS	1460 AVLEIGH CIRCLE	1.3 STREET ADDRESS	1242 LINTON AVENUE
CITY-ST-ZIP	ORLANDO FL 32824	1.4 CITY-ST-ZIP	ORLANDO, FL. 32809
TITLE	VT	2.1 TITLE	PT
NAME	THOMAS, ETHEL	2.2 NAME	THOMAS, ETHEL
STREET ADDRESS	5913 TAVENDALE DR	2.3 STREET ADDRESS	5913 TAVENDALE DR.
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	ORLANDO, FL. 32809
TITLE	ST	3.1 TITLE	ST
NAME	PATTERSON, ROBERT	3.2 NAME	Patterson, Robert
STREET ADDRESS	1283 OLD MILL ROAD	3.3 STREET ADDRESS	1283 Old Mill Road
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	Orlando, FL. 32806
TITLE	DT	4.1 TITLE	T
NAME	BALLADIN, DAVID	4.2 NAME	DAVID BALLADIN
STREET ADDRESS	310 HAVELOCK ST	4.3 STREET ADDRESS	310 HAVELOCK ST
CITY-ST-ZIP	ORLANDO FL 32824	4.4 CITY-ST-ZIP	ORLANDO, FL. 32824
TITLE	PT	5.1 TITLE	DT
NAME	DILLARD, CHESTER	5.2 NAME	DILLARD, CHESTER
STREET ADDRESS	3926 DEKALB DR	5.3 STREET ADDRESS	3926 DEKALB DR.
CITY-ST-ZIP	ORLANDO FL 32839	5.4 CITY-ST-ZIP	ORLANDO, FL. 32839
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Ethel D. Thomas* 1-25-99 351-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)