

DOCUMENT # 704710

1. Entity Name

JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

02-26-2000 90055 019 ****61.25

Principal Place of Business

800 WEST OAKRIDGE ROAD
 ORLANDO FL 32809

Mailing Address

800 WEST OAKRIDGE ROAD
 ORLANDO FL 32809-4805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **70-4710581**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DILLARD, CHESTER
 3926 DEKALB DR
 ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name
CORE, KEVIN
 Street Address (P.O. Box Number is Not Acceptable)
1242 Linton Ave.

City **Orlando,** **FL** Zip Code **32809**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kevin L. Core

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-00

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> Delete
NAME	KEVIN, CORE	
STREET ADDRESS	1242 LINTON AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	PT	<input type="checkbox"/> Delete
NAME	THOMAS, ETHEL	
STREET ADDRESS	5913 TAVENDALE DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVID, BALLADIN	
STREET ADDRESS	310 HAVELOCK ST	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BALLADIN, DAVID	
STREET ADDRESS	310 HAVELOCK ST	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DILLARD, CHESTER	
STREET ADDRESS	3926 DEKALB DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORE, KEVIN	
STREET ADDRESS	1242 Linton Ave.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLADIN, DAVID	
STREET ADDRESS	310 Havelock St.	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIERSON, JANICE	
STREET ADDRESS	3826 Gatlin Place Cir.	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ETHEL	
STREET ADDRESS	5913 Tavendale Dr.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEENGRAN, MARGARET	
STREET ADDRESS	6520 Boice St.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin L. Core **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

DATE

Daytime Phone #

CR2E037 (9/99)