

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90209 008 ****61.25

DOCUMENT # 704710

1. Entity Name

JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

800 WEST OAKRIDGE ROAD
 ORLANDO FL 32809

800 WEST OAKRIDGE ROAD
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-4710581

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORE, KEVIN
 1242 LINTON AVE
 ORLANDO FL 32809

Name

Watson, George

Street Address (P.O. Box Number is Not Acceptable)

5636 Oak Hill Manor Drive

City

Orlando

FL

Zip Code

32839

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	KEVIN, CORE	
STREET ADDRESS	1242 LINTON AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	BALLADIN, DAVID	
STREET ADDRESS	310 HAVELOCK STREET	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIERSON, JANICE	
STREET ADDRESS	3826 GATLIN PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ETHEL	
STREET ADDRESS	5913 TAVENDALE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DT	<input type="checkbox"/> Delete
NAME	UEENGRAN, MARGARET	
STREET ADDRESS	6520 BOICE STREET	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, GEORGE	
STREET ADDRESS	5636 OAK HILL MANOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mullings, Minnette	
STREET ADDRESS	392 Kassic Circle	
CITY-ST-ZIP	Orlando, FL 32824	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grierson, Janice	
STREET ADDRESS	3826 Gatlin Place Circle	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leengran, Margaret	
STREET ADDRESS	6520 Boice Street	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Core, Kevin	
STREET ADDRESS	1242 Linton Avenue	
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2001

Date

Daytime Phone #

CR2E037 (10/00)

0026924