


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 004 ****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
Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SESSION, HATTIE 1633 WIND DRIFT RD ORLANDO FL 32809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

4. FEI Number	Applied For
70-4710581	Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PT	<input checked="" type="checkbox"/> Delete		TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SESSION, HATTIE			NAME	Berger, Earle D.		
STREET ADDRESS	1633 WIND DRIFT RD			STREET ADDRESS	5669 Parkview Lake Dr.		
CITY-ST-ZIP	ORLANDO FL 32806			CITY-ST-ZIP	Orlando, FL 32821		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOMACK, DEBBIE			NAME			
STREET ADDRESS	10015 COVE LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836			CITY-ST-ZIP			
TITLE	TT	<input checked="" type="checkbox"/> Delete		TITLE	TT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIERSON, JANICE			NAME	Core, Kevin		
STREET ADDRESS	3826 GATLIN PLACE CIRCLE			STREET ADDRESS	9545 Pine Terrace Court		
CITY-ST-ZIP	ORLANDO FL 32812			CITY-ST-ZIP	Windermere, FL 34786		
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	VPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORE, KEVIN			NAME	Session, Hattie		
STREET ADDRESS	9545 PINE TERRACE COURT			STREET ADDRESS	1633 Wind Drift Rd.		
CITY-ST-ZIP	WINDERMERE FL 34786			CITY-ST-ZIP	Orlando, FL 32809		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENE, MARY E			NAME	Balladin, David		
STREET ADDRESS	2413 OAK HOLLOW DR.			STREET ADDRESS	310 Havelock St.		
CITY-ST-ZIP	KISSIMMEE FL 34744			CITY-ST-ZIP	Orlando, FL 32824		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Hattie Session HATTIE SESSION 2-28-06 407-850-3991