


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90063 029 ****61.25

DOCUMENT # 704710 1. Entity 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
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	City & State City & State
Zip Country	Zip Country	4. FEI Number 70-4710581

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SESSION, HATTIE 1633 WIND DRIFT RD ORLANDO FL 32809	7. Name and Address of New Registered Agent Name Earle D. Berger Street Address (P.O. Box Number is Not Acceptable) 5669 Parkview Lake Dr. City Orlando
	Zip Code FL 32821

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 Earle Berger Earle Berger President 1-30-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BERGER, EARLE D 5669 PKVIEW LAKE DR ORLANDO FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BERGER, EARLE D. 5669 PKVIEW LAKE DR ORLANDO FL 32821 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WOMACK, DEBBIE 10015 COVE LAKE DR ORLANDO FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST NATHETTA PATTERSON 1283 OLD MILL RD ORLANDO FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TT CORE, KEVIN 9545 FINE TERRACE CT WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT CORE, KEVIN 9545 PINE TERRACE CT WINDERMERE FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT SESSION, HATTIE 1633 WIND DRIFT RD ORLANDO FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT WADDELL "M" 435 MURIEL ST., E ORLANDO FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT BALLADIN, DAVID 310 HAVELOCK ST ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TT BALLADIN, DAVID 310 HAVELOCK ST ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Earle Berger Earle Berger 1-30-07 407-238-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #