

FILE NOW: FILING FEE \$275.00 (SEE INSTRUCTIONS)

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737399 (6) 737399
Corporation Name
ORANGEWOOD PRESBYTERIAN CHURCH, INC.

Principal Place of Business
1300 W MAITLAND BLVD.
MAITLAND FL 32751

Mailing Address
1300 W MAITLAND BLVD.
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
11/30/1976

Date of Last Report
04/28/1995

FBI Number
59-1904118

Applied For
☐ Not Applicable

Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$5.00 May Be Added to Fees**

This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No **\$68.75 Supplemental Fee Not Required**

Name and Address of Current Registered Agent
BUTTERFIELD, ROBERT L.
2043 SIESTA LANE
ORLANDO FL 32804

Name and Address of New Registered Agent
81 Name
Holzhauer, Gregory L.
82 (P.O. Box Number is Not Acceptable)
101 Pineneedle Ln.
83
84 City
Altamonte Springs FL 85 Zip Code
32714

Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Gregory L. Holzhauer DATE 4/28/96

OFFICERS AND DIRECTORS							
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition			
NAME	O'DOWD, STEVEN M.	12 NAME	Richard R. Longden				
STREET ADDRESS	281 LIVERPOOL COVE	13 STREET ADDRESS	509 Bianca Ct.				
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Altamonte Springs, FL 32701	☐ Change ☐ Addition			
TITLE	SD	21 TITLE					
NAME	D. K. Kilbourne	22 NAME					
STREET ADDRESS	2440 Bayter Ct.	23 STREET ADDRESS					
CITY-ST-ZIP	Winter Park, FL 32792	24 CITY-ST-ZIP					
TITLE	TD	31 TITLE					
NAME	MOORE, DAVID M	32 NAME					
STREET ADDRESS	2150 WEKIVA OAKS DRIVE	33 STREET ADDRESS					
CITY-ST-ZIP	APOKA FL	34 CITY-ST-ZIP					
TITLE		41 TITLE					
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE					
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE					
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 CITY-ST-ZIP					

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***70.00

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 73 if changed, or on an attachment with an address.

SIGNATURE: Richard R. Longden DATE 4-28-96 DAYTIME PHONE # 407-420-6608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard R Longden, President

CS 5/1/96