## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1161 BRANTLEY ESTATES DR.

ALTAMONTE SPRINGS FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

161

ı.	Corporation	Name	" /3/399	' (0	'/						
ORANGEWOOD PRESBYTERIAN CHURCH, INC.											
D.	rincinal Place	of Busines	0.0	Meiling Address							
	Principal Place of Business  Mailing Address  1300 W MAITLAND BLVD.  AITLAND FL 32751  Principal Place of Business  2a. Mailing Address  2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  City Country  City City City City City City City City										
Principal Place 1300 W MAITLAND FL 3  2. Principal Place 21 Suite, Apt. 22 City & State 23 Zip 24 HOLZHA							3. Date Incorporated or Qualified 11/30/1976				
								4. FEI Number Applied For			
2 Principal Place of Business			20 Mailing Address				59-1904118   Not Applicab				
_	• • • • • • • • • • • • • • • • • • • •							5. Certificate of Status Desired Section Section 5. Section 5. Section 5. Section 5. Section 6. Sec			
22	Suite, Apt. i	W, etc.		<del></del>	etc			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	City & State							7. Is this nonprofit corporation a homeowners association?			
23	<u> </u>			<u></u>				☐ Yes 🗹 No			
	Zip		<b>⊢</b> ¬ ""′	$\vdash$	<u> </u>	ountry		8. This corporation owes or has paid the current year Intangible			
24	<u> </u>	0 Name			30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
_		B. 1980179	Aug Manifes of Onitall	Liedistated Lidelit		81	Name				
	LIGHTHAN ARRADUL										
101 PIN	ZHAUER, GREGORY L.				82	Street A	Address (P.O. Box Number is Not Acceptable)				
101 PINENEEDLE LN ALTAMONTE SPRINGS FL 32714						63					
						84	City	FL   T   T   T   T   T   T   T   T   T			
11	l. Pursuant t office or re	o the provis egistered as m familiar w	sions of Sections 617.0502 gent, or both, in the State o oth, and accept the obligat	and 617.1508, Florid of Florida. Such chang tions of Section 617.6	a Statutes, the ge was authoria 1503 : Florida S	above ed by	e-named of the corp	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered			
	GNATURE _		min, and accept the conget		3000, 1 1011011 0						
_		Signalure, typis	d or printed name of registered agent		(NOTE Registr	red Age	int signature i	re required when reinstating) DATE			
12	<del></del>		OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	TUE	PD	<del></del>		1.1 TITLE P		PD Change MAddition				
	LONGDEN, RICHARD R				1-		Indus Deer Revry Ct.				
STREET ADDRESS 509 BIANCA CT					1.3 STREET ADDRESS		Longwood FL 32779				
_	TY-ST-ZIP			1.1 0111 01 211		S D Change Addition					
	N.E.	SD	IDMC DV	(Z) VE		2.1 TITLE 2.2 NAME		D. Jon Thurman			
	AME KILBOURNE, D.K. IREET ADDRESS 2440 BAXTER COURT					ADDRESS	Down Owned Aide				
1			R PARK FL 32792			STREET CITY-:		Longwood FL 32750			
-	TY-ST-ZIP	TD	TANK IL SEIBE	□ DE		TITLE	SI-ZIP	Change Addition			
NAME STEPHAN, ROBERT			N ROBERT	٦	3.2 h						
• • •	A424.1841   11AAP111				1						

6.4 CITY - ST - ZIP 14. 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 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 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Change

Addition

☐ Addition

Change Addition

**FILED** 

May 05 1998 8:00am

Secretary of State