

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:57

DOCUMENT # 769944 (0)

1. Corporation Name

PORT ORANGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

4662 CLYDE MORRIS BLVD.  
PORT ORANGE FL 32119

POST OFFICE BOX 1171  
PORT ORANGE FL 32119  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1983  
3a. Date of Last Report 07/06/1994

4. FEI Number 59-2233064  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 P. O. Box 291171

23 City & State

27 Suite, Apt. #, etc.

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HILLS, REV. RICHARD L.  
5735 STEWART AVE.  
PORT ORANGE FL 32049  
32127

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code 32127

11. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | PT                          |
| NAME            | SEAMAN, JAMIE               |
| STREET ADDRESS  | 1922 SPRUCE CREEK BOULEVARD |
| CITY - ST - ZIP | DAYTONA BEACH FL            |
| TITLE           | VPT                         |
| NAME            | DELL, NEIL                  |
| STREET ADDRESS  | 858 CHIDEADEE               |
| CITY - ST - ZIP | PORT ORANGE FL              |
| TITLE           | S                           |
| NAME            | SMITH, CAROLYN              |
| STREET ADDRESS  | 1134 WHITEHAU CIRCLE        |
| CITY - ST - ZIP | PORT ORANGE FL              |
| TITLE           | T                           |
| NAME            | HALE KAREN SUE              |
| STREET ADDRESS  | 2041 AVOCADO DRIVE          |
| CITY - ST - ZIP | DAYTONA BCH. FL             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                       |  |
|---------------------|-----------------------|--|
| 1.1 TITLE           | PT                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Becky Bedford         |  |
| 1.3 STREET ADDRESS  | 5982 Pelham Frive     |  |
| 1.4 CITY - ST - ZIP | Port Orange, FL 32127 |  |
| 2.1 TITLE           |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                       |  |
| 2.3 STREET ADDRESS  | 856 Chickadee Drive   |  |
| 2.4 CITY - ST - ZIP | 32127                 |  |
| 3.1 TITLE           |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                       |  |
| 3.3 STREET ADDRESS  | 1134 Whitehall Court  |  |
| 3.4 CITY - ST - ZIP | 32119                 |  |
| 4.1 TITLE           |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                       |  |
| 4.3 STREET ADDRESS  |                       |  |
| 4.4 CITY - ST - ZIP | 32124                 |  |
| 5.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                       |  |
| 5.3 STREET ADDRESS  |                       |  |
| 5.4 CITY - ST - ZIP |                       |  |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                       |  |
| 6.3 STREET ADDRESS  |                       |  |
| 6.4 CITY - ST - ZIP |                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn J. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95  
Date

904-788-1111  
Daytona News #