

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769944 (0)
1. Corporation Name
PORT ORANGE PRESBYTERIAN CHURCH, INC.



Principal Place of Business: **4662 CLYDE MORRIS BLVD. PORT ORANGE FL 32119**
Mailing Address: **P.O. BOX 291171 PORT ORANGE FL 32119-29 US**

3. Date Incorporated or Qualified: **08/23/1983**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2233064**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with handwritten entries for Suite, City & State, and Zip (32129).

9. Name and Address of Current Registered Agent
**HILLS, REV. RICHARD L.
5735 STEWART AVE.
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	BEDFORD, BECKY	
STREET ADDRESS	5982 PELHAM FRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	DELL, NEIL	
STREET ADDRESS	856 CHICKADEE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, CAROLYN	
STREET ADDRESS	1134 WHITEHALL COURT	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HALE KAREN SUE	
STREET ADDRESS	2041 AVOCADO DRIVE	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	Ted McKee	
1.3 STREET ADDRESS	909 warbler Ct.	
1.4 CITY-ST-ZIP	Port Orange, FL 32127-4721	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Connre Gould	
4.3 STREET ADDRESS	3780 S. Clyde Morris Blvd #6	
4.4 CITY-ST-ZIP	Port Orange, FL 32119-8202	
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 119.07(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 617, 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 2/13/96 904-788-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)