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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
1662 CLYDE MORRIS BLVD.  
PORT ORANGE FL 32119

Mailing Address  
P.O. BOX 291171  
PORT ORANGE FL 32129-1171  
US

3. Date Incorporated or Qualified 08/23/1983  
3a. Date of Last Report 02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2233064  
Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  DELETE  
NAME MCKEE, TED  
STREET ADDRESS 909 WARBLER COURT  
CITY-ST-ZIP PORT ORANGE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPT  DELETE  
NAME DELL, NEIL  
STREET ADDRESS 856 CHICKADEE DRIVE  
CITY-ST-ZIP PORT ORANGE FL

2.1 TITLE  Change  Addition  
2.2 NAME VPT William Yeager  
2.3 STREET ADDRESS 3300 S. Nova Road  
2.4 CITY-ST-ZIP Port Orange, FL 32119

TITLE S  DELETE  
NAME SMITH, CAROLYN  
STREET ADDRESS 1134 WHITEHALL COURT  
CITY-ST-ZIP PORT ORANGE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME HOULD, CONNIE  
STREET ADDRESS 3780 SOUTH CLYDE MORRIS BLVD SUITE 6  
CITY-ST-ZIP PORT ORANGE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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.

SIGNATURE: Carolyn J. Smith a/20/97 904-788-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E037 (9/96)