


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769944 (0)**

1. Corporation Name  
**PORT ORANGE PRESBYTERIAN CHURCH, INC.**



Principal Place of Business <b>4662 CLYDE MORRIS BLVD. PORT ORANGE FL 32119</b>	Mailing Address <b>P.O. BOX 291171 PORT ORANGE FL 32129 US</b>
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3. Date Incorporated or Qualified <b>08/23/1983</b>	
4. FEI Number <b>59-2233064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKEE, TED</b>	
STREET ADDRESS	<b>909 WARBLER COURT</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>YEAGER, WILLIAM</b>	
STREET ADDRESS	<b>3300 S NOVA RD</b>	
CITY-ST-ZIP	<b>PT ORANGE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, CAROLYN</b>	
STREET ADDRESS	<b>1134 WHITEHALL COURT</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOULD, CONNIE</b>	
STREET ADDRESS	<b>3780 SOUTH CLYDE MORRIS BLVD SUITE 6</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VPT</b>
2.3 STREET ADDRESS	<b>Barrie, Audry</b>
2.4 CITY-ST-ZIP	<b>924 Dentwood Lane Port Orange, FL 32127</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S</b>
3.3 STREET ADDRESS	<b>Long, Russell</b>
3.4 CITY-ST-ZIP	<b>1420 New Bellevue Ave # 1904 Daytona Bch, FL 32114-5658</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T</b>
4.3 STREET ADDRESS	<b>William Nichols</b>
4.4 CITY-ST-ZIP	<b>3876 Cardinal Blvd. Daytona Beach, FL 32127-5743</b>
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 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 \_\_\_\_\_ DATE **3/4/98**

CR2E037 (10/97)