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Mar 22, 1999 8:00 am
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03-22-1999 90096 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769944

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 32129
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2233064

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(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 President
 1.3 STREET ADDRESS David Sorensen
 1.4 CITY-ST-ZIP 1312 Shangri La Drive
 Daytona Beach FL 32119 Change Addition

TITLE VPT DELETE
 NAME BARRIE, AUDRY
 STREET ADDRESS 924 BENTWOOD LANE
 CITY-ST-ZIP PT ORANGE FL 32127

2.1 TITLE Change Addition
 2.2 NAME Vice Pres.
 2.3 STREET ADDRESS Elizabeth Schumaker
 2.4 CITY-ST-ZIP 5768 Stewart Ave., Port Orange FL

TITLE S DELETE
 NAME LONG, RUSSELL
 STREET ADDRESS 1420 NEW BELLEVUE AVE, #1704
 CITY-ST-ZIP DAYTONA BEACH FL 32114

3.1 TITLE Change Addition
 3.2 NAME Secretary
 3.3 STREET ADDRESS Donovan Barrett
 3.4 CITY-ST-ZIP 6141 Sanctuary Gardens Blvd.
 Port Orange FL

TITLE T DELETE
 NAME NICHOLS, WILLIAM
 STREET ADDRESS 3876 CARDINAL BLVD
 CITY-ST-ZIP DAYTONA BEACH FL 32127

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 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, with all other like empowered.

SIGNATURE:

David Sorensen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-99

Date

Daytime Phone #

CR2E037 (11/98)