

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90766 032 ****61.25

DOCUMENT # 769944

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2233064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Richard L. Hills

2/6/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	SP, DAVOD	
STREET ADDRESS	1312 SHANGRALA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCHUMAKER, ELIZABETH	
STREET ADDRESS	5768 STEWART AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRETT, DONOVAN	
STREET ADDRESS	6141 SANCTUARY GARDEN BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, WILLIAM	
STREET ADDRESS	3876 CARDINAL BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Sorenson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Nichols **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

Daytime Phone #

CR2E037 (10/00)