


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90023 048 ****61.25

DOCUMENT # 769944
1. Entity Name
PORT ORANGE PRESBYTERIAN CHURCH, INC.



Principal Place of Business Mailing Address
**4662 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119** **4662 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
32129 *32129* *32129* *32129*

4. FEI Number Applied For
59-2233064 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	QUARLES, PAYTON	
STREET ADDRESS	800 REED CANAL ROAD	
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	JONES, GORDON	
STREET ADDRESS	133 GREENWONG TEAL CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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