


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 043 \*\*\*\*61.25

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<b>DOCUMENT # 769944</b>					
1. Entity Name PORT ORANGE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129			Mailing Address 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2233064	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRINSLEY, CAROLYN J MRS. 4662 CLYDE MORRIS BLVD. PORT ORANGE, FL 32129			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 <i>Carolyn J Brinsley</i>			DATE <i>3/31/08</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	Dupont, Hewitt	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARLES, PAYTON		NAME	823 Valencia Rd	
STREET ADDRESS	800 REED CANAL ROAD		STREET ADDRESS	S. Daytona, FL 32119	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	Kemp, Wilson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, HEWITT		NAME	944 Chickadee Ln	
STREET ADDRESS	823 VALENCIA ROAD		STREET ADDRESS	Port Orange, FL 32127	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Breter, Brenda	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DON		NAME	1121 Squirrel Nest Ln	
STREET ADDRESS	5683 SWAN LAKE DRIVE		STREET ADDRESS	Port Orange, FL 32129	
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Anderson, Russell	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, WILLIAM		NAME	6154 Sabal Point Dr.	
STREET ADDRESS	3876 CARDINAL BLVD.		STREET ADDRESS	Daytona Beach, FL 32128	
CITY-ST-ZIP	DAYTONA BEACH, FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Russell Anderson</i>			DATE: <i>3/31/08</i> 380-788-1111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		