SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:08

DOCUMENT # **N44930** **(8)**

1. Corporation Name
RIVER OAKS PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
P O BOX 950040 LAKE MARY FL 32795	P O BOX 950040 LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1991
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3062688 — Applied For ☐ — Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for expenses (s. 199.032, Florida Statutes) ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HATCHER, STEPHEN B.
C/O ZIMMERMAN, SHUFFIELD, KISER, ET AL
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (FL 17)	
TITLE	D	11 TITLE	JOHN MONTGOMERY ☑ Change ☐ Addition
NAME	PRIDDY, KENNETH	12 NAME	PASTOR D
STREET ADDRESS	788 W. PINWOOD COURT	13 STREET ADDRESS	101 QUAIL RUN CT
CITY ST ZIP	LAKE MARY FL	14 CITY ST ZIP	LAKE MARY, FL 32746
TITLE	PSD	21 TITLE	TREASURER ☑ Change ☐ Addition
NAME	LOWELL, DIANA	22 NAME	FRAN O'QUINN D
STREET ADDRESS	245 DUBLIN	23 STREET ADDRESS	612 BASKETFIELD WAY
CITY ST ZIP	LAKE MARY FL	24 CITY ST ZIP	LAKE MARY, FL. 32746
TITLE	P	31 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	RUFF, PAUL	32 NAME	GAIL WEST
STREET ADDRESS	1102 CAMBRIDGE COURT	33 STREET ADDRESS	5272 LAKE EMMA ROAD
CITY ST ZIP	LONGWOOD FL 32779	34 CITY ST ZIP	LAKE FOREST, FL. 32771
TITLE	TD	41 TITLE	ELDER ☑ Change ☐ Addition
NAME	BROWNING, KATHLEEN L	42 NAME	JIM CARRELLO D
STREET ADDRESS	547 MATILDA PLACE	43 STREET ADDRESS	211 ROBLING DR.
CITY ST ZIP	LONGWOOD FL 32750	44 CITY ST ZIP	LAKE MARY, FL. 32746
TITLE		51 TITLE	ELDER ☑ Change ☐ Addition
NAME		52 NAME	BOB CHAMBERLAIN D
STREET ADDRESS		53 STREET ADDRESS	938 SHAWDA CIR
CITY ST ZIP		54 CITY ST ZIP	LAKE MARY, FL. 32746
TITLE		61 TITLE	ELDER ☑ Change ☐ Addition
NAME		62 NAME	WALLACE WEST D
STREET ADDRESS		63 STREET ADDRESS	5272 LAKE EMMA ROAD
CITY ST ZIP		64 CITY ST ZIP	LAKE FOREST, FL 32771

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 6/26/95 — 407-330-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN MONTGOMERY

CR2E037 (3/95)

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