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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44930 (8)

1. Corporation Name

RIVER OAKS PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

P O BOX 950340
LAKE MARY FL 32795

P O BOX 950340
LAKE MARY FL 32795-0340



3. Date Incorporated or Qualified
08/30/1991

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME MONTGOMERY, JOHN
STREET ADDRESS 101 QUAIL RUN CT
CITY-ST-ZIP LAKE MARY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME O'GUINN, FRAN
STREET ADDRESS 825 BROOKFIELD WAY
CITY-ST-ZIP LAKE MARY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME WEST, GAIL
STREET ADDRESS 5372 LAKE BLUFF TERR.
CITY-ST-ZIP LAKE FOREST FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ED
NAME MEYER, JOHN
STREET ADDRESS 741 RED WING DR.
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ED
NAME CHAMBERLAIN, BOB
STREET ADDRESS 938 SHRIVER CIR
CITY-ST-ZIP LAKE MARY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ED
NAME WEST, WALLACE
STREET ADDRESS 5372 LAKE BLUFF TERR.
CITY-ST-ZIP LAKE FOREST FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97 407.330.9103

Date

Daytime Phone # 0015583

CR2E037 (9/96)