

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

P O BOX 950340
LAKE MARY FL 32795

Mailing Address

P O BOX 950340
LAKE MARY FL 32795

3. Date Incorporated or Qualified

08/30/1991

4. FEI Number

59-3062688

Applied For

Not Applicable

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

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

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME PICKENS, TOM
STREET ADDRESS 221 PORTSMOUTH COVE
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE

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

TITLE ED ☒ DELETE

NAME MEYER, JOHN
STREET ADDRESS 1389 RIDGE LAKE CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE ED ☐ DELETE

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

TITLE ED ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 or changed, or on an attachment with an address.

SIGNATURE:

John Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98 407-3309103
Date Daytime Phone #

0073427

CR2E037 (10/97)