

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90099 023 ****61.25

DOCUMENT # N44930

1. Entity Name

RIVER OAKS PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

405 WASHINGTON AVE
 LAKE MARY FL 32746
 US

405 WASHINGTON AVE
 LAKE MARY FL 32746-3546
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3062688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. 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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TDS**
 STREET ADDRESS **PULLIS, DALE**
 CITY-ST-ZIP **512 WOODSTEAK CT**
LONGWOOD FL 32779

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~ED~~
 STREET ADDRESS **LEONHARD, JIM**
 CITY-ST-ZIP **718 BAYWOOD CIR**
SANFORD FL

TITLE Change Addition
 NAME **ED**
 STREET ADDRESS **BRIAN OUBERLY**
 CITY-ST-ZIP **869 SILVERWOOD DR.**
LAKE MARY, FL 32746

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JOHN MONTGOMERY** 1/3/00 407-3309103
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)