

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769944

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC8603322138**

**Entity Name:** PORT ORANGE PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

4662 CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4662 CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129 US

**FEI Number:** 59-2233064

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASON, HENRY TMR  
900 SMOKERISE BLVD  
PORT ORANGE, FL 32127 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name KEMP, WILSON  
Address 97 CROOKED PINE ROAD  
City-State-Zip: PORT ORANGE FL 32128

Title TD  
Name MASON, HENRY  
Address 900 SMOKERISE BLVD.  
City-State-Zip: PORT ORANGE FL 32127

Title PD  
Name DYER, JIM L  
Address 2661 SPRUCE CREEK BLVD  
City-State-Zip: PORT ORANGE FL 32128

Title VTD  
Name DUPONT, HEWITT  
Address 823 VALENCIA ROAD  
City-State-Zip: SOUTH DAYTONA FL 32119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HENRY T MASON

**TREASURER**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date