

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90063 022 ****61.25

DOCUMENT # 701599

1. Corporation Name

CONWAY PRESBYTERIAN CHURCH, INC.

Principal Place of Business
**4300 LAKE MARGARET DRIVE
ORLANDO FL 32812**

Mailing Address
**4300 LAKE MARGARET DRIVE
ORLANDO FL 32812**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1960

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2365355

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTELS, DAWN
4300 LAKE MARGARET DRIVE
ORLANDO FL 32812**

81 Name
Phyllis Cornell

82 Street Address (P.O. Box Number is Not Acceptable)
309 E Colonial Drive

83

84 City **Orlando** **FL** 85 Zip Code
32801

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

Phyllis B. Cornell

4/08/99

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** ☒ DELETE
NAME **BABBS, CHRISTIE**
STREET ADDRESS **4240 PARKSIDE DR**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Phyllis Cornell**
1.3 STREET ADDRESS **3050 Brandywine**
1.4 CITY-ST-ZIP **Orlando, FL 32806**

TITLE **VD** ☒ DELETE
NAME **CORNELL, PHYLLIS**
STREET ADDRESS **3050 BRANDYWINE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **William Davis**
2.3 STREET ADDRESS **3505 Oakwater Pointe Drive**
2.4 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **PD** ☒ DELETE
NAME **YORK, CHRISTIE**
STREET ADDRESS **4702 SOUTH ST BRIDES CIR**
CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE **TD** ☐ DELETE
NAME **FELT, CAROL**
STREET ADDRESS **4300 LAKE MARGARET DR**
CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis B. Cornell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/99
Date

407/841-6550
Daytime Phone #

CR2E037 (11/98)