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FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704710 (3)

1. Corporation Name

JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.

Principal Place of Business

800 WEST OAKRIDGE ROAD
ORLANDO FL 32809

Mailing Address

800 WEST OAKRIDGE ROAD
ORLANDO FL 32809-48053. Date Incorporated or Qualified
10/24/19623a. Date of Last Report
02/05/1996

4. FEI Number

70-4710581

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAYMOND, HAROLD
4596 LAKE HOLDEN HILLS DRIVE
ORLANDO FL 32839

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 relinquishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST ☐ DELETE
NAME JOHNSON, RUBIN
STREET ADDRESS 1460 AVLEIGH CIRCLE
CITY-ST-ZIP ORLANDO FLTITLE PT ☒ DELETE
NAME RAYMOND, HAROLD
STREET ADDRESS 4596 LAKE HOLDEN HILLS DR
CITY-ST-ZIP ORLANDO FLTITLE T ☒ DELETE
NAME BRIGGS, ELMER
STREET ADDRESS 5941 OZARK AVE
CITY-ST-ZIP ORLANDO FLTITLE VT ☐ DELETE
NAME COUNTS, LARRY K.
STREET ADDRESS 8303 TUCKAHOE CT.
CITY-ST-ZIP ORLANDO FLTITLE DT ☐ DELETE
NAME BENTLEY, ERLA
STREET ADDRESS 6785 PAUL REVERE CT.
CITY-ST-ZIP ORLANDO FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ST ☐ Change ☐ Addition
1.2 NAME JOHNSON, RUBIN
1.3 STREET ADDRESS 1460 AVLEIGH CIRCLE
1.4 CITY-ST-ZIP ORLANDO FL 328242.1 TITLE PT ☒ Change ☐ Addition
2.2 NAME COUNTS, LARRY K.
2.3 STREET ADDRESS 8303 TUCKAHOE CT
2.4 CITY-ST-ZIP ORLANDO, FL 328293.1 TITLE T ☐ Change ☒ Addition
3.2 NAME PATTERSON, ROBERT
3.3 STREET ADDRESS 1283 OLD MILL ROAD
3.4 CITY-ST-ZIP ORLANDO, FL 328064.1 TITLE VT ☒ Change ☐ Addition
4.2 NAME BENTLEY, ERLA
4.3 STREET ADDRESS 6785 PAUL REVERE CT
4.4 CITY-ST-ZIP ORLANDO, FL 328095.1 TITLE DT ☐ Change ☒ Addition
5.2 NAME DILLARD, CHESTER
5.3 STREET ADDRESS 3926 DeKALB DR
5.4 CITY-ST-ZIP ORLANDO, FL 328396.1 TITLE ☐ Change ☐ Addition
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 typed or printed name of signing officer or director

Date

Daytime Phone # 0017061

CP2E037 (9/96)