

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 704710**

1. Entity Name

JOHN CALVIN PRESBYTERIAN CHURCH OF ORLANDO, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90209 008 ****61.25

Principal Place of Business

Mailing Address

**800 WEST OAKRIDGE ROAD
ORLANDO FL 32809****800 WEST OAKRIDGE ROAD
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-4710581

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORE, KEVIN
1242 LINTON AVE
ORLANDO FL 32809**

Name

Watson, George

Street Address (P.O. Box Number is Not Acceptable)

5636 Oak Hill Manor Drive

City

Orlando**FL**

Zip Code

32839

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

2/11/2001**FILE NOW:
FEE 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
KEVIN, CORE
1242 LINTON AVENUE
ORLANDO FL 32809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
WATSON, GEORGE
5636 OAK HILL MANOR DRIVE
ORLANDO FL 32839** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
BALLADIN, DAVID
310 HAVELOCK STREET
ORLANDO FL 32824** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
Mullings, Minnette
392 Kassic Circle
Orlando, FL 32824** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GRIERSON, JANICE
3826 GATLIN PLACE CIRCLE
ORLANDO FL 32812** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
Grierson, Janice
3826 Gatlin Place Circle
Orlando, FL 32812** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
THOMAS, ETHEL
5913 TAVENDALE DRIVE
ORLANDO FL 32809** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Leengran, Margaret
6520 Boice Street
Orlando, FL 32809** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
UEENGRAN, MARGARET
6520 BOICE STREET
ORLANDO FL 32809** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Core, Kevin
1242 Linton Avenue
Orlando, FL 32809** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED**2/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)