

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90030 023 ****61.25

DOCUMENT # 704710

1. Entity 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**

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 **70-4710581**

Applied For

Not Applicable

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

**WATSON, GEORGE
 5636 OAK HILL MANOR DRIVE
 ORLANDO FL 32839**

Name

Watson, George

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

806 S. Summerlin Ave.

City **ORLANDO**

FL

Zip Code **32806**

*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: 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 **PT** ☐ Delete
 NAME **WATSON, GEORGE**
 STREET ADDRESS **5636 OAK HILL MANOR DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **PT** ☒ Change ☐ Addition
 NAME **WATSON, GEORGE**
 STREET ADDRESS **806 S. SUMMERLIN AVE.**
 CITY-ST-ZIP **ORLANDO FLORIDA 32806**

TITLE **VPT** ☐ Delete
 NAME **MULLINGS, MINNETTE**
 STREET ADDRESS **392 KASSIC CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** ☐ Delete
 NAME **GRIERSON, JANICE**
 STREET ADDRESS **3826 GATLIN PLACE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **LEENGRAN, MARGARET**
 STREET ADDRESS **6520 BOICE STREET**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **CORE, KEVIN**
 STREET ADDRESS **1242 LINTON AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **DT** ☒ Change ☐ Addition
 NAME **BENTLEY, AL**
 STREET ADDRESS **6785 PAUL REVERE CT.**
 CITY-ST-ZIP **ORLANDO, FL 32809**

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 OF GEORGE G WATSON JR** 2/10/02 407 839 4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)