

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90044 048 \*\*\*\*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**

**50013853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005

Chg-NP

CR2E037 (10/03)

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

**SESSION, HATTIE  
1633 WIND BRIST RD  
ORLANDO, FL 32809**

Name

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

**1633 WIND DRIFT RD**

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HATTIE SESSION**

Signature, typed or printed name of registered agent and title if applicable.

*Hattie Session*

(NOTE: Registered Agent Signature required when reinstating)

**2-8-05**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PT SESSION, HATTIE	<input type="checkbox"/> Delete
STREET ADDRESS	1633 WIND DRIFT RD	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE NAME	VPT WOMACK, DEBBIE	<input type="checkbox"/> Delete
STREET ADDRESS	10015 COVE LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE NAME	TT GRIERSON, JANICE	<input type="checkbox"/> Delete
STREET ADDRESS	3826 GATLIN PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE NAME	DT BENTLY, AL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6785 PAUL REVERE CT	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE NAME	ST GREENE, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS	2413 OAK HOLLOW DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPT CORE, KEVIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9545 PINE TERRACE COURT	
CITY-ST-ZIP	WINDEMERE FL 34786	
TITLE NAME	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Hattie Session*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-8-05**

Date

Daytime Phone #