

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709294 (3)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF ORLANDO, INC.



Principal Place of Business Mailing Address
106 E. CHURCH ST. ORLANDO FL 32801 106 E. CHURCH ST. ORLANDO FL 32801

3. Date Incorporated or Qualified 07/09/1965 3a. Date of Last Report 02/06/1995
4. FEI Number 59-0624394 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ROBINSON, JAMES C
390 N. ORANGE AVE., SUITE 800
ORLANDO FL 32801

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME ROBERTSON, ROBERT A
STREET ADDRESS 1876 TURNBERRY TERRACE
CITY-ST-ZIP ORLANDO, FL 00000
TITLE ~~DR~~ DELETE
NAME WEISS, HARRY
STREET ADDRESS 1108 BAHAMA DR.
CITY-ST-ZIP ORLANDO, FL 00000
TITLE ~~VP~~ DELETE
NAME ROBINSON, JAMES C
STREET ADDRESS 1534 HOFFNER AVE.
CITY-ST-ZIP ORLANDO, FL 00000
TITLE D DELETE
NAME RUFFIER, DAN
STREET ADDRESS 1115 BELLAIRE CIRCLE
CITY-ST-ZIP ORLANDO FL
TITLE ~~Sec~~ DELETE
NAME BLACKFORD, ROBERT
STREET ADDRESS 2931 NELA AVE
CITY-ST-ZIP ORLANDO, FL 00000
TITLE ~~VP PD~~ DELETE
NAME PHARR, WALTER S
STREET ADDRESS 1220 EDGEWATER DR #5
CITY-ST-ZIP ORLANDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME ~~ASST. SEC.~~
13 STREET ADDRESS ~~WALTER ALLEN~~
14 CITY-ST-ZIP ~~1619 Bimini Dr.~~
~~ORLANDO, FL 32806~~
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *X James C Robinson* DATE: *X/27/96* DAYTIME PHONE #: *407-425-3591*

CR2E037 (12/95)