FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FIRST PRESBYTERIAN CHURCH OF ORLANDO, INC.				
Principal Place of Business Mailing Address				* 198111 18811 09110 12158 11018 #Etif 0191 81811 81914 81811 81811 1881
106 E. CHURCH ST. 106 E. CHURCH ST. ORLANDO FL 32801 ORLANDO FL 32801				3. Date Incorporated or Qualified 07/09/1965 4. FEI Number Applied For
				4. FEI Number Applied For Not Applied Sor
2. Principal Place of Business 2a. 1 21 26				5. Certificate of Status Desired S8.75 Additional Fee Required
		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27		27 City & State		Trust Fund Contribution
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		10	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10.				10. Name and Address of New Registered Agent
DOMINOUS LINES O				
ROBINSON, JAMES C 390 N. ORANGE AVE., SUITE 800			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801			83	
3.12			84 City	85 Zip Code
				F1 _] '
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 require	ad when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS	☐ DELETE	1.1 TITLE	Change Addition
NAME	ALLEN, WALTER		1.2 NAME	
STREET ADDRESS	1619 BIMINI DR		1.3 STREET ADDRESS	
CITY-ST-ZIF	ORLANDO, FL 00000		1.4 City-ST-ZIP	
TITLE	TR HISTORIAN	☐ DELETE	2.1 TITLE	Change Addition
NAME	WEISS, HARRY		2.2 NAME	
STREET ADDRESS	1108 BAHAMA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	DELETE	2. 4 City-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JAMES C		3.2 NAME	onage
STREET ADDRESS	1534 HOFFNER AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORALNDO, FL 00000		3.4. CITY-ST-ZIP	
TITLE	T	DELETE	4.1 IIII F	Change Addition
NAME	RUFFIER, DAN		4.2 NAME RU	OPPIEL, DAN . 722 ALBA DRWC OLLANDO, R. 32804
STREET ADDRESS	1115 BELLAIRE CIRCLE		4.3 STREET ADDRESS	722 ALBA DRWO
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	LLANDE R 32804
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACKFORD, ROBERT		5.2 NAME	
STREET ADDRESS	2931 NELA AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PHARR, WALTER S		6.2 NAME	
STREET ADDRESS	1220 EDGEWATER DR #5		6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filling 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.

FILED

Feb 06 1998 8:00am

Secretary of State