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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709294

1. Corporation Name

FIRST PRESBYTERIAN CHURCH OF ORLANDO, INC.

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

Mailing Address
 106 E. CHURCH ST.
 ORLANDO FL 32801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/09/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0624394	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, JAMES C 390 N. ORANGE AVE., SUITE 800 ORLANDO FL 32801				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, WALTER			1.2 NAME			
STREET ADDRESS	1619 BIMINI DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			1.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, HARRY			2.2 NAME			
STREET ADDRESS	1108 BAHAMA DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, JAMES C			3.2 NAME			
STREET ADDRESS	1534 HOFFNER AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUFFIER, DAN			4.2 NAME			
STREET ADDRESS	722 ALBA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHARR, WALTER S			6.2 NAME			
STREET ADDRESS	1220 EDGEWATER DR #5			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *James C. Robinson* / 8/99 407-425-3591
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)