

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90019 022 ****61.25

DOCUMENT # 709294

1. Entity 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 FLA 32801-3341

00012279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0624394

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

ROBINSON, JAMES C
390 N. ORANGE AVE., SUITE 800
ORLANDO FL 32801

Name

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

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.

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 AS Delete
 NAME ALLEN, WALTER
 STREET ADDRESS 1619 BIMINI DR
 CITY-ST-ZIP ORLANDO, FL 00000

TITLE TR Change Addition
 NAME HURT, BETTY Jo HURT
 STREET ADDRESS 1500 LANCASTER DR.
 CITY-ST-ZIP ORLANDO, FL 32806

TITLE TR Delete
 NAME WEISS, HARRY
 STREET ADDRESS 1108 BAHAMA DR.
 CITY-ST-ZIP ORLANDO, FL 00000

TITLE AT Change Addition
 NAME MCKENNEY, BENJAMIN
 STREET ADDRESS 106 E. CHURCH ST.
 CITY-ST-ZIP ORLANDO, FL 32801

TITLE VP Delete
 NAME ROBINSON, JAMES C
 STREET ADDRESS 1534 HOFFNER AVE.
 CITY-ST-ZIP ORLANDO, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME RUFFIER, DAN
 STREET ADDRESS 722 ALBA DRIVE
 CITY-ST-ZIP ORLANDO FL 32804

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME BLACKFORD, ROBERT
 STREET ADDRESS 2931 NELA AVE
 CITY-ST-ZIP ORLANDO, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME PHARR, WALTER S
 STREET ADDRESS 1220 EDGEWATER DR #5
 CITY-ST-ZIP ORLANDO, FL 00000

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: *James C Robinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000 407-425-3591
 Date Daytime Phone #

CR2E037 (9/99)