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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 3 PM 1:40

DOCUMENT # 711896 (1)

1. Corporation Name

ST. PAULS PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address  
1450 CITRUS OAKS AVE. 1450 CITRUS OAKS AVENUE  
GOTHA FL 34734 GOTHA FL 34734  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1966 3a. Date of Last Report 02/23/1994  
4. FEI Number 23-7077304 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 9600 West Colonial Drive 26 9600 West Colonial Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Ocoee Florida 28 Ocoee Florida  
Zip Country Zip Country  
24 34761 25 USA 29 34761 30 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

HIGGINS, WILLIAM W.  
9119 MR. LINCOLN CRT.  
ORLANDO FL 32818

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HIGGINS, WILLIAM W.  
STREET ADDRESS 9119 MR. LINCOLN CRT.  
CITY-ST-ZIP ORLANDO FL

TITLE SD  
NAME MILLS, BERYL  
STREET ADDRESS 1005 SAN DOMINGO RD.  
CITY-ST-ZIP ORLANDO FL

TITLE TD  
NAME COLEMAN, KENNETH  
STREET ADDRESS 1837 INKWOOD RD.  
CITY-ST-ZIP ORLANDO FL

TITLE VD  
NAME GARAS, ANTHONY B.  
STREET ADDRESS 1805 SARAZEN DR.  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE VD  
1.2 NAME Earla Rice Heinrich  
1.3 STREET ADDRESS 209 Slade Drive  
1.4 CITY-ST-ZIP Longwood FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *Earla Rice Heinrich* Earla Rice Heinrich, VD 1/26/95 (407)293-3696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #