

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722226** (8)
1. Corporation Name
JOHN KNOX PRESBYTERIAN CHURCH OF ORLANDO, INC.



Principal Place of Business 118 EAST PAR STRET ORLANDO FL 32804	Mailing Address 118 EAST PAR STRET ORLANDO FL 32804
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/07/1971	4. FEI Number 59-0993365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

8. Name and Address of Current Registered Agent
**MILTENBERGER, CLYDE
5729 EGGLESTON AVE.
ORLANDO FL 32810**

10. Name and Address of New Registered Agent 81 Name Heffner, Lee 82 Street Address (P.O. Box Number is Not Acceptable) 850 Maury Rd. 83 84 City Orlando, FL 85 Zip Code 32804

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 *Lee Heffner* **President** **4/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD MILTENBERGER, CLYDE
STREET ADDRESS	5729 EGGLESTON AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD SNEDEKER, BARBARA
STREET ADDRESS	633 SWALLOW DRIVE
CITY - ST - ZIP	CASSELBERRY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD MAMONE, DELORES
STREET ADDRESS	336 BLUE HERON DR
CITY - ST - ZIP	WINTER PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD GREEN, JUNE
STREET ADDRESS	200 N MAITLAND AVE, #235
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Heffner, Lee
1.3 STREET ADDRESS	850 maury Rd.
1.4 CITY - ST - ZIP	Orlando, FL. 32804
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Smith, William
2.3 STREET ADDRESS	5613 Hollow Oak Rd.
2.4 CITY - ST - ZIP	Orlando, FL. 32808
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Burton, Tom
3.3 STREET ADDRESS	4562 Conway Landing Rd.
3.4 CITY - ST - ZIP	Orlando, FL. 32818
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Smith, William
4.3 STREET ADDRESS	5613 Hollow Oak Rd.
4.4 CITY - ST - ZIP	Orlando, FL 32808
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Lee Heffner* **4/13/98** **898-4671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/97)