FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07684 (6)

1. Corporation Name

PINE RIDGE PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
3900 S. HIAWASSEE RD. ORLANDO FL 32835-6337	3900 S. HIAWASSEE RD. ORLANDO FL 32835-6337

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1985
3a. Date of Last Report: 01/31/1994
4. FEI Number: 58-0063709 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCHUMACHER, JAMES T.
6314 RIDGEBERRY DR.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

01 Name: Greg Meyer
02 Street Address (P.O. Box Number is Not Acceptable): 1408 Oakley St.
03
04 City: Orlando FL 05 Zip Code: 32806

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] Greg Meyer/Secr./Director 2-26-95
Signature, title or printed name of person authorized 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, RICHARD	1.2 NAME	
STREET ADDRESS	6204 ORANGE COVE	1.3 STREET ADDRESS	600001423176
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	-03/07/95--01099--006
TITLE	D	2.1 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	COLCLASURE, BILL	2.2 NAME	
STREET ADDRESS	5421 BAYBROOK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	PENT, TIMOTHY	3.2 NAME	Delete
STREET ADDRESS	1876 BLACKWOOD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHREYS, WESLEY	4.2 NAME	
STREET ADDRESS	6861 TAMARIND CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, GREGORY	5.2 NAME	
STREET ADDRESS	1408 OAKLEY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] Wesley Humphreys 2-25-95 (407) 352-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer/Director

000441B