FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

PINE RIDGE PI	resbyterian Ch	furch, inc.				
Principal Place of Busine	rss	Mailing Address				
3900 S. HIAWASSEE RD. ORLANDO FL 32835-6337		3900 S. HIAWA ORLANDO FL S			3. Date Incorporated or Qualified 02/18/1985 4. FEI Number Applied For	
					58-0063709 Not Applicable	
Principal Place of Business 1		2a. Mailing Ar	2a. Mailing Address 28		5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt #, etc.		Suite, Apt	. #, etc.	·—-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & Sta	te		7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25	Zip 29	30 Cour	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MEYER, GREG 1408 OAKLEY ST. ORLANDO FL 32806				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
					FL 85 Zip Code	
	sions of Sections 617 or agent, or both, justine Sta with, and account to ob-	502 and 617,1508, Fi ite of Florida, Such of figalions of Section 6	orida Statutes, the ab- lange was authorized 17.0503, Florida Statu	by the	amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered	
BIGNATURE	of Complete Variation of States	jud in titlo it applicable	(NOTE: Requistered	Agent si	ignature required when reinstaling) DATE	
12.		AND DIRECTORS	13.	- gork a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	

DELETE TITLE 1.1 TITLE NAME DAVID NETZORG 1.2 NAME 6427 Orange Cove Dr. Orlando FL. 32819 5253 BUTLER RIDGE DR. STREET ADDRESS 1.3 STREET ADDRESS WINDERMERE-FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Addition **BOYD PASTOOR** NAME 22 NAME STREET ADDRESS 1664 SACKETT CIR. 23 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE TITLE 31 TITLE Change Addition **HUMPHREYS, WESLEY** NAME 3.2 NAME **6861 TAMARIND CIRCLE** STREET ADDRESS 3 3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE MEYER, GREGORY NAME 4 2 NAME 1408 OAKLEY ST. STREET ADORESS 4.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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

SIGNATURE:

Feb 18 1998 8:00am

Secretary of State