

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)

NONPROFIT
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 JUN 12 AM 9:15

DOCUMENT # N49508 (7)

1. Corporation Name

ST. PAUL'S UNITED METHODIST CHURCH OF ORANGE COU
NTY, FLORIDA, INC.

Principal Place of Business

4710 ADANSON ST
ORLANDO FL 32804
US

Mailing Address

C/O ST. PAUL'S UNITED METHODIST CHURCH
1419 HENRY BALCH DR.
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0951531

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

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

2b Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PARKER, MILDRED E.
817 CAREW AVE.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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.

DATE

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TOMLIN, RALPH
4288 KENDRICK ROAD
ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T LARSON, JOHN
4288 KENDRICK ROAD
ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T REED, CONSTANCE
4288 KENDRICK ROAD
ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PFC BERRY, JOHN L SR
403 HERMITAGE DRIVE
ALTAMONTE SPRINGS FL 32701

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VCAC PATTERSON, DAN
2014 BEATRICE DRIVE
ORLANDO FL 32810

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S PARKER, MILDRED E
817 CAREW AVENUE
ORLANDO FL 32804

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Berry, Sr.

6/7/95

President/Finance Chairman

(407)830-1905

0004740

CR2E037 (3/95)