

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N49508 (7)

1. Corporation Name

ST. PAUL'S UNITED METHODIST CHURCH OF ORANGE COUNTY, 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



3. Date Incorporated or Qualified  
06/23/1992

3a. Date of Last Report  
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-0951531

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | T                          | <input type="checkbox"/> DELETE            |
| NAME           | TOMLIN, RALPH              |  |
| STREET ADDRESS | 4288 KENDRICK ROAD         |  |
| CITY-ST-ZIP    | ORLANDO FL 32804           |  |
| TITLE          | T                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | LARSON, JOHN               |  |
| STREET ADDRESS | 4288 KENDRICK ROAD         |  |
| CITY-ST-ZIP    | ORLANDO FL 32804           |  |
| TITLE          | T                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | REED, CONSTANCE            |  |
| STREET ADDRESS | 4288 KENDRICK ROAD         |  |
| CITY-ST-ZIP    | ORLANDO FL 32804           |  |
| TITLE          | PFC                        | <input type="checkbox"/> DELETE            |
| NAME           | BERRY, JOHN L SR           |  |
| STREET ADDRESS | 403 HERMITAGE DRIVE        |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32701 |  |
| TITLE          | VCAC                       | <input type="checkbox"/> DELETE            |
| NAME           | PATTERSON, DAN             |  |
| STREET ADDRESS | 2014 BEATRICE DRIVE        |  |
| CITY-ST-ZIP    | ORLANDO FL 32810           |  |
| TITLE          | S                          | <input type="checkbox"/> DELETE            |
| NAME           | PARKER, MILDRED E          |  |
| STREET ADDRESS | 817 CAREW AVENUE           |  |
| CITY-ST-ZIP    | ORLANDO FL 32804           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Bernice Thomas   |
| 2.3 STREET ADDRESS | 4254 Coronado Road   |
| 2.4 CITY-ST-ZIP    | Orlando, FL 32804  |
| 3.1 TITLE          | Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Homer Halladay   |
| 3.3 STREET ADDRESS | 827 Alfred Drive   |
| 3.4 CITY-ST-ZIP    | Orlando, FL 32810  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 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 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:

*Mildred E. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred E. Parker, Secretary

(407)  
647-3691

Date

Daytime Phone #

CR2E037 (12/95)