

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 MEHTODIST CHURCH 1419 HENRY BALCH DR. ORLANDO FL 32810-4510
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3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 03/04/1996
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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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4. FEI Number 59-0951531	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARKER, MILDRED E. 817 CAREW AVE. ORLANDO FL 32804	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TOMLIN, RALPH
STREET ADDRESS	4288 KENDRICK ROAD
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, BERNICE
STREET ADDRESS	4254 CORONADO ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	HALLADAY, HOMER
STREET ADDRESS	827 ALFRED DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	PFC BERRY, JOHN L SR
STREET ADDRESS	403 HERMITAGE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	<input type="checkbox"/> DELETE
NAME	VCAC PATTERSON, DAN
STREET ADDRESS	2014 BEATRICE DRIVE
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	<input type="checkbox"/> DELETE
NAME	S 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Trustee BERRY, KEVIN
2.3 STREET ADDRESS	3712 Shady Grove Circle
2.4 CITY-ST-ZIP	Orlando, FL 32810
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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  Mildred E. Parker, Secretary (407) 647-3691

CR2E037 (9/96)