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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90058 018 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000581</b>					
1. Corporation Name <b>ST. JOHN'S PRESBYTERIAN CHURCH OF ORLANDO, FLORIDA, INC.</b>					
Principal Place of Business <b>800 JAMAJO BLVD          ORLANDO FL 32803</b>			Mailing Address <b>800 JAMAJO BLVD          ORLANDO FL 32803</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/29/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2251424	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing				<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ESTRADA, LUIS</b> <b>254 ROBIN ROAD</b> <b>ALTAMONTE SPRINGS FL 32701</b>				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>CRONK, CARYL</b> STREET ADDRESS <b>10 CARRIAGE HILL CIRCLE</b> CITY-ST-ZIP <b>CASTLEBERRY FL 38707</b>				1.1 TITLE <b>Quinn, Allen</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>2825 Silver Spur Lane</b> 1.3 STREET ADDRESS <b>Orlando FL 32807</b> 1.4 CITY-ST-ZIP <b>SQUADDER Phil</b>			
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>DILAS, JEAN</b> STREET ADDRESS <b>414 EAST-PINE-STREET</b> CITY-ST-ZIP <b>ORLANDO FL 32801</b>				2.1 TITLE <b>1301 Truman Rd.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Orlando FL 32807</b> 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>ESTRADA, LUIS</b> STREET ADDRESS <b>254 ROBIN ROAD</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32701</b>				3.1 TITLE <b>Joanne Rodes</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>304 N. Griffin Rd.</b> 3.3 STREET ADDRESS <b>Castleberry, FL 32707</b> 3.4 CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>HENDERSON, DOROTHY</b> STREET ADDRESS <b>100 EAST ANDERSON STREET, APT. 1001</b> CITY-ST-ZIP <b>ORLANDO FL 32801</b>				4.1 TITLE <b>Uriah P. G. L.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>2142 Bonanza Ave</b> 4.3 STREET ADDRESS <b>Winter Park FL 32792</b> 4.4 CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>KINNARD, JUANITA</b> STREET ADDRESS <b>2625 NEN ROAD</b> CITY-ST-ZIP <b>ORLANDO FL 32817</b>				5.1 TITLE <b>Virginia Teston</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>905 J. Majo Blvd</b> 5.3 STREET ADDRESS <b>Orlando FL 32807</b> 5.4 CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>PERRY, JOHNNIE</b> STREET ADDRESS <b>3237 KNOTT PINE AVE.</b> CITY-ST-ZIP <b>WINTER PARK FL 38712</b>				6.1 TITLE <b>Shirley Turner</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>901 J. Majo Blvd</b> 6.3 STREET ADDRESS <b>Orlando, FL 32803</b> 6.4 CITY-ST-ZIP			

14. I 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 with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)